

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

WEBVTT

1

00:00:11.490 --> 00:00:22.260

Theresa Van Winkle: Good morning, everybody. Welcome to the Subcommittee on Worker. Continuation of care Today is Friday, October the fourteenth, two thousand and twenty-two.

2

00:00:22.860 --> 00:00:24.030

See you soon.

3

00:00:24.290 --> 00:00:33.170

Theresa Van Winkle: The first item on this this morning's agenda is a review of the minutes from the September sixteenth, and September. Twenty second meeting meetings.

4

00:00:33.510 --> 00:00:35.690

Sara Duckwall: Have you had a chance to review both.

5

00:00:35.700 --> 00:00:40.440

Matt Calzia, ONA: Yes and I. I am fine with approving both of those we need to make. A motion

6

00:00:40.450 --> 00:00:42.960

Sara Duckwall: can't go ahead and get you to an emotional second.

7

00:00:42.970 --> 00:00:45.719

Matt Calzia, ONA: I will make a motion to approve both sets of minutes.

8

00:00:45.730 --> 00:00:47.249

Sara Duckwall: What I think

9

00:00:47.260 --> 00:00:53.089

Sara Duckwall: all in favor. Aye, aye, no opposed, no abstentions. Motion carries. Theresa. Thank you.

10

00:00:53.100 --> 00:00:54.109

Theresa Van Winkle: You're welcome.

11

00:00:55.000 --> 00:00:56.359

Theresa Van Winkle: Good morning, Patrick.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

12

00:00:57.300 --> 00:01:04.589

Theresa Van Winkle: We just we just started. Um, let's see the second one in the agenda is really introductions, which I don't think we really need to do.

13

00:01:04.599 --> 00:01:34.589

Theresa Van Winkle: We don't have any um the actual um. But people that are here for specifically, at the request of the of the subcommittee members to speak on things. Um, I think as of anything um for diving into the update of information requested by subcommittee members. Um, So I am in the process of doing a synthesis document of all of the various items that issues and possible solutions that have come up. Um I'm on phase. One phase two will happen after today. Um, based on the information presented this,

14

00:01:34.600 --> 00:01:41.590

Theresa Van Winkle: the survey information and incorporating some other things into that. So

15

00:01:41.600 --> 00:01:51.289

Theresa Van Winkle: at the end. I'll check in with both of you, because the next step for the subcommittee is to do an update on to the full committee next Thursday on that. So,

16

00:01:51.300 --> 00:02:00.479

Theresa Van Winkle: and we can also talk offline about how to do this as well like. If you wanted, for example, the matrix to be available, or a summary or something.

17

00:02:00.760 --> 00:02:22.319

Theresa Van Winkle: Um. So, with the agenda on the on the Subcommittee web page. There is a document from the Workers Compensation division. Um! You had asked. Ah, the division to do a survey of other State laws on issues related to the subcommittee's charge, and so that information has been uploaded. Um, there, and I can, if people need it, I can do a direct um

18

00:02:22.330 --> 00:02:29.240

Theresa Van Winkle: transferred to that as well, and I believe Sally is going to do that presentation for walking through the document.

19

00:02:36.100 --> 00:03:05.529

Sally Coen, Oregon WCD: Good morning, uh subcommittee co-chairs. Uh, we did a uh request to our colleagues. We are members of the IAIABC

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

International Association of Industrial Accident Boards and Commissions. We did a survey of uh other jurisdictions for our members there. Uh, we asked the questions that Theresa had had uh checked in with you about to make sure we were asking the correct questions.

20

00:03:05.540 --> 00:03:07.570

Sally Coen, Oregon WCD: We did get. Um

21

00:03:07.580 --> 00:03:37.540

Sally Coen, Oregon WCD: ah some responses back. We made some direct contacts with some of our contacts in those jurisdictions to ensure they did respond. The compiled. Um, that list of responses. It is verbatim. What uh folks responded back to us. So, if there's any additional questions you'd like us to ask, or clarifications on any of those responses. We can do that. We what has been, what a trace has uploaded

22

00:03:37.550 --> 00:03:53.169

Sally Coen, Oregon WCD: the first responses back that I think there are about twenty-five, twenty-six responses. They are listed in that document. We have received a smattering of other late responses, and we will get those up the most updated version to you so.

23

00:03:53.180 --> 00:04:01.939

Sally Coen, Oregon WCD: But we're happy to ask ah, additional questions or clarifying questions, because we did just in the chart we put exactly verbatim, as was the response.

24

00:04:03.360 --> 00:04:14.260

Matt Calzia, ONA: Thank you. This is Matt. I reviewed it, but not super in-depth, and I know one of the questions that has come up is around California. There was an assertion that they,

25

00:04:14.690 --> 00:04:20.340

Matt Calzia, ONA: one of the States? Are they? Are they involved in this, or are they not part of the?

26

00:04:20.350 --> 00:04:33.329

Sally Coen, Oregon WCD: they? They are an I, an IAIABC member. So, we can see if we have any more specific contact there and reach out to them and see if they will respond. Thank you

27

00:04:35.050 --> 00:04:37.990

Sara Duckwall: also, Sally. Is there any like

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

28

00:04:38.090 --> 00:04:49.300

Sara Duckwall: a synthesis that you, after compiling it, that you see that you have an opinion on the trends that made sense to you.

29

00:04:49.860 --> 00:04:56.950

Sally Coen, Oregon WCD: We have not done that yet, Sarah. We were just trying to get it all put together and all together in the chart so,

30

00:05:04.170 --> 00:05:12.979

Theresa Van Winkle: and I think, in with again going back to this, the general Synthesis document and pertinent information from this this matrix will be incorporated into the overall

31

00:05:13.310 --> 00:05:14.630

Theresa Van Winkle: document for

32

00:05:15.040 --> 00:05:16.100

this one,

33

00:05:17.860 --> 00:05:35.819

Theresa Van Winkle: and so, the other item of Rose requested was, I believe, it was at the last subcommittee meeting Dr. Paul Ron Bowman, and mentioned this study of, and which, in his looking at doing research, we couldn't find that. So, we'll keep looking. But there's that thing right now that was handed over to me so,

34

00:05:35.830 --> 00:05:42.689

Matt Calzia, ONA: and was that I could remember if it was a study. There was also an AMA position statement.

35

00:05:42.700 --> 00:05:43.960

Matt Calzia, ONA: They referenced,

36

00:05:43.970 --> 00:05:47.789

Matt Calzia, ONA: and so, I've gone through the AMA position statement, and I couldn't find him meeting up.

37

00:05:47.800 --> 00:05:48.590

Matt Calzia, ONA: They all

38

00:05:48.600 --> 00:06:04.790

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Theresa Van Winkle: I couldn't either. And actually, in talking to Ah Cara this morning kind of getting ah ourselves prep for this meeting. It might actually be from another medical, another association. So maybe, like the American Medical Association, which Acronym doesn't come to me, but in my beam, so we're going to look at as our next step

39

00:06:04.800 --> 00:06:07.940

Matt Calzia, ONA: go through some other associations to see if there's something,

40

00:06:13.360 --> 00:06:32.879

Theresa Van Winkle: and so, I believe that's all we have from the division on that piece of things. Um, I think the other question, I mean, is there anything else that has come to mind as far as follow up information. Um, from what? So, for example, like the MAC members, or from the MCOs.

41

00:06:33.000 --> 00:06:38.989

Theresa Van Winkle: But we've only heard from two to the four. I will try again with the other two MCOs for their feedback on

42

00:06:39.700 --> 00:06:42.079

Theresa Van Winkle: on the questions I send out in September,

43

00:06:42.480 --> 00:06:49.359

Sara Duckwall: you know, if there's anyone present today from MCOs or that would like to talk, I mean, I think

44

00:06:49.860 --> 00:06:55.189

Sara Duckwall: I see Ann Klein's here, and anyone else. Yeah,

45

00:06:55.200 --> 00:07:02.700

Sara Duckwall: And I think it's a great opportunity to get opinions while they're here. If we feel comfortable with that,

46

00:07:04.570 --> 00:07:12.769

Matt Calzia, ONA: I have no objection, and I don't have any anything else that i'm looking for you all to dig into. So yeah, that'd be fine.

47

00:07:14.000 --> 00:07:26.650

Ann Klein: Well, Majoris Health Systems . One of the managed care organizations, and happy to provide maybe, some additional perspective regarding

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

48

00:07:26.660 --> 00:07:39.550

Ann Klein: cadence of visits and continuity of care and access to care. One of the pieces that I know has been discussed is how easy it is for a worker to get in to be seen.

49

00:07:39.560 --> 00:07:58.659

Ann Klein: Um! And as a managed care organization, we're able to set specific expectations and guidelines for the providers that participate on our network. And one of those expectations that we have is that for any Andrew murderer, who has any form of word restrictions in place, that they be seen at least every thirty days.

50

00:07:59.410 --> 00:08:28.579

Ann Klein: There are some providers who may choose to do that a little bit more frequently. Um. Depending on the nature of the injury they need to have, that those restrictions a little bit more progressive in in return to work. And the reason we do this is because we think it's important that there's regular assessments of those physical abilities and an opportunity to increase capacity and functional ability at work as part of their overall recovery process, and that we turn to work itself.

51

00:08:28.590 --> 00:08:36.559

Ann Klein: Um is by nature. Part of your recovery and rehabilitation, just like attending physical therapy visits can be

52

00:08:36.570 --> 00:09:03.290

Ann Klein: so that that set of expectations is out there, and for the vast majority of cases the medical providers and workers don't have an issue in A, and maintaining that cadence of at least every thirty days there is a subset where MCO. Intervention or support to help facilitate getting that cadence, either established or reestablished, does occur. But it is a small success.

53

00:09:03.300 --> 00:09:14.690

Ann Klein: I'm working right now to see if I can find a better way to quantify that rather than just it. It's a small subset, and if i'm able to pull some good data on that I will certainly share with the committee.

54

00:09:14.700 --> 00:09:43.599

Ann Klein: Ah, but it is a small subset, and I do think the other piece that's important to recognize is that there are a variety of reasons for why a worker may not be attending and meeting that expectation of every thirty days. One of the issues is certainly provider schedule and conflicts or limitations, and being able to get that scheduled within

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

that thirty-day time frame. But we also have um regularly also scenarios where the work for no shows

55

00:09:43.610 --> 00:09:49.470

Ann Klein: calls to reschedule, which, rescheduling, pushes it outside of that thirty-day timeframe

56

00:09:49.550 --> 00:09:55.380

they choose. They're traveling for vacation, or some other thing that puts them outside of

57

00:09:55.390 --> 00:10:16.189

Ann Klein: being able to physically attend. And we also have time for the provider has indicated. Please schedule, you know, follow up in two weeks, followed up in thirty to thirty days, and the worker just have been connected with a clinic to schedule that appointment a lot of times when my Provider Relations Department reaches out to remind the provider

58

00:10:16.200 --> 00:10:42.790

Ann Klein: um of the expectation to schedule at least every thirty days. That's one of the common responses that they get back from the clinic is we try. We reached out we haven't heard back, so it's there's a wide variety of reasons for, for when that happens it is not frequent, or my provider relations, team and staff would be overwhelmed if they were always having to call um, and

59

00:10:42.800 --> 00:10:50.520

Ann Klein: I think that there's opportunity there to discuss what are ways to help streamline and motivate for that small subset.

60

00:10:53.380 --> 00:11:01.579

Matt Calzia, ONA: This is Matt is that in your is that thirty day? Is that in that contract with the providers like, do you establish that in A.

61

00:11:01.960 --> 00:11:03.689

Matt Calzia, ONA: In your agreement with them.

62

00:11:03.700 --> 00:11:06.049

Ann Klein: It is part of our agreement. Yes, okay,

63

00:11:12.460 --> 00:11:15.539

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Matt Calzia, ONA: Thank you. I don't have any further questions. I appreciate your time.

64

00:11:16.400 --> 00:11:18.289

Sara Duckwall: Thank you by there. Thank you.

65

00:11:19.620 --> 00:11:31.090

Theresa Van Winkle: Okay. So, with that, we'll move to the next item on the agenda, which is public input and discussion on existing tools for encouraging medical treatment and the process to obtain wage replacement benefits when getting care.

66

00:11:37.110 --> 00:11:43.959

Theresa Van Winkle: So i'm unaware of anyone who's that? I know that it is going to speak specifically to this,

67

00:11:44.160 --> 00:11:49.539

Theresa Van Winkle: so, I open it up the floor to everybody here in the in among the squares.

68

00:12:01.120 --> 00:12:02.480

Theresa Van Winkle: Okay,

69

00:12:04.680 --> 00:12:06.219

Theresa Van Winkle: David, did you want to speak?

70

00:12:08.070 --> 00:12:09.100

Theresa Van Winkle: Okay,

71

00:12:09.530 --> 00:12:18.189

David Barenberg: Yes. I was trying to first raise my hand and then unmute, both of which are technologically challenging for this uncoordinated person.

72

00:12:18.200 --> 00:12:20.259

David Barenberg: It's Friday morning over a long week.

73

00:12:21.260 --> 00:12:31.810

David Barenberg: So, I would just say, you know, from where we started is. And having raised this issue before, to begin with, which is

74



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:12:33.780 --> 00:12:42.860

David Barenberg: It's just going back to the basics of what we're simply wanting to accomplish here is that for you know,

75

00:12:43.070 --> 00:12:52.189

David Barenberg: most injured workers the system is working, and they're connected to care. And there are a number of workers hard to quantify.

76

00:12:52.200 --> 00:13:20.499

David Barenberg: Um that we admit that um sometimes get lost in the system, and you know the tools you know, I think we talked about are can be very punitive when we try from the insurance side to enforce It's mostly kicking somebody out of the system, and you know our goal is never to kick somebody out of the system is to try to get them to the maximum recovery and back into the you know workforce to the highest possible level that

77

00:13:20.510 --> 00:13:24.350

David Barenberg: can happen. So, you know, we've heard lots of

78

00:13:24.360 --> 00:13:54.070

David Barenberg: the testimony and best practices, and you know issues that you know, are raised. I know the issue of access to care, and I think we which is ah, you know, for calm, which is a system-wide issue for health care in general, and then there are specific issues for how it's. Permutations impact calm. And I think that's a great issue for us all to tackle together to see if there's some things in the calm system that we can try to make it easier for attracting physicians and

79

00:13:54.130 --> 00:14:10.500

David Barenberg: ah other. Ah! The health care professionals in the in the field. Um, and they the issues relate. But there's still some separation. So, um, you know we've talked about timelines. You know how long

80

00:14:11.020 --> 00:14:23.379

David Barenberg: you know. That was the legislation we had last time, and we said we weren't coming in with that idea we wanted to talk about um. Are there other ways to, you know? Try to make sure that connections are made?

81

00:14:23.390 --> 00:14:41.190

David Barenberg: Um, I think there are a bunch of options to talk about, you know one is that is it, you know. Is there a sixty day or a ninety day, or some period of time where there should be a, you know, a

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

connection or some requirement of checking, and that's an option. I think another option is um just um simply

82

00:14:41.380 --> 00:14:47.500

David Barenberg: doing away with the open and of time loss, saying that you know a doctor should say, be it

83

00:14:47.510 --> 00:15:05.830

David Barenberg: thirty days, sixty days, ninety days, one hundred days, um, you know, or six months, because you need surgery sometime, that there is a known time that somebody has to be seen or be in contact with at a minimum. Their health, care professionals, so that there is a connection, and there is some day.

84

00:15:05.840 --> 00:15:14.549

David Barenberg: So those are just a few things thoughts I wanted to throw on the table and ask the committee. We'll talk about these issues some more. So, Thanks,

85

00:15:17.600 --> 00:15:18.950

Theresa Van Winkle: Hey, Kristen,

86

00:15:20.050 --> 00:15:45.909

Kirsten Adams: Everybody uh Kirsten Adams, AGC: I wanted to follow up on David's comment. I think that that seems like a solution that could deal with a lot of the issues that we've been talking about, especially. You know that the access to care and the issue that you know it might be hard to put a specific date. Given that, you know we have um issues with the number of doctors available for treatment and that sort of thing. But it also kind of still gives that if you have some uh,

87

00:15:45.920 --> 00:16:15.739

Kirsten Adams: some timeline for employers to kind of have some, you know, kind of keep things moving to a certain extent. Um, so I think it could be a good thing where it gives the flexibility that um the workers need, in order to get the treatment that they need in the timeframe that the doctor thinks is appropriate. Um, but without having to for me. First, I worry about like to uh to prolong the process. Um, and you know kind of the big sense of that might slow down the workers care and that sort of thing so. And I think one thing that they should be

88

00:16:15.750 --> 00:16:18.379

Kirsten Adams: possibility. If there are,

89

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:16:18.390 --> 00:16:47.940

Kirsten Adams: you know, concerns about it being too short at like. You know how long providers are actually giving, like our providers, down to say, Oh, well, you know, I can give a shorter timeframe that I've been getting more and longer time, for, you know. Maybe we have. MAC. Give some sort of, you know, best practices timeline. Um, because I know that there's a variety of points on that. Um that could be an opportunity to get sort of like a professional, you know. Um opinion of sort of what you know what a best practices range might be, but not to say that that is

90

00:16:47.950 --> 00:17:04.520

Kirsten Adams: a fine range. But, like you know, if you're treating for this kind of Ah, you know this sort of incident, or something like that, that, this might be the timeframe you're looking at um, and you know not that that has to be the rascal of what they do, but just sort of an idea of, you know, of a range to look at. So, I just wanted to

91

00:17:04.790 --> 00:17:07.000

Kirsten Adams: at a plus one today. That's coming.

92

00:17:08.119 --> 00:17:09.329

Theresa Van Winkle: Thanks.

93

00:17:09.339 --> 00:17:10.710

Theresa Van Winkle: Good morning, Sheri.

94

00:17:16.490 --> 00:17:17.700

Sheri Sundstrom: Sorry.

95

00:17:17.800 --> 00:17:33.560

Sheri Sundstrom: I'm a little bit off-grid today, so if I, if everything goes a little fuzzy, I'm going to literally operate on my cabin. So, thank you. I thank you, subcommittee, and I love hearing what Ann said, and Dave and Kirsten

96

00:17:33.570 --> 00:17:53.520

Sheri Sundstrom: for somebody that has literally been doing hands on uh activities with injured workers since 1992 right after the reforms came in. Actually, my job revolved out of the reforms and trying to make those reforms work for Hoffman. We had a workforce prior to the Mahonia Hall reforms that

97

00:17:53.530 --> 00:18:16.030

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Sheri Sundstrom: would literally disappear and not come back. And in the construction industry it was. It was critical at that time, as it is now to continue to build our workforce, and so I was able to, and I had to learn fast because I didn't I got to tell you I didn't even know what it was confusing was much like. Maybe some of the members of our committee, if you first come on, you don't even know how this process works.

98

00:18:16.040 --> 00:18:29.220

Sheri Sundstrom: And so, with the return to work, it was really important at that time to take advantage of the MCOs, for Hoffman and I kind of had to navigate through until I found the one that really worked for us

99

00:18:29.230 --> 00:18:59.200

David Barenberg: and for our workforce, because it was really critical again to get people back to work as quickly as possible, and we do work in other states. So, I have to say that Oregon was the model by which I was able to ah put together our return work program throughout the United States, and one of the major factors that really was critical for us was the access to medical care, and the fact that providers were at that time occupational medicine was

100

00:18:59.210 --> 00:19:12.340

Sheri Sundstrom: kind of fairly like newish. And what was this gonna mean? With providers for providers. You know they had sports. Medicine was very popular, but occupational health wasn't, so

101

00:19:12.350 --> 00:19:19.479

Sheri Sundstrom: it was critical that the providers were seeing those workers on a regular basis we have. We have, you know,

102

00:19:19.490 --> 00:19:49.139

Sheri Sundstrom: high-risk work activities, but we wanted to get people ingrained back into their work tasks at injury and make sure that they were going to be successful, and that program and the care that our providers throughout the United States provided to our workers has been amazing, and Oregon has always been the state that I hold up to every other State, and I actively participate as much as I can in other States, and in fact sit on a committee similar committed to MLAC in the State of Washington

103

00:19:49.220 --> 00:20:17.720

Sheri Sundstrom: and Washington is a great example looking to Oregon to say, What is it that Oregon did so well with their reforms, and the number one activity was the return to work, and I actually, when Sally mentioned that IAIIBC I actually spoke a few years ago at their conference about our Richmond work program in Oregon, and the success

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

that we had through the utilization of the MCOs. And how critical that has been to

104

00:20:17.730 --> 00:20:47.190

Sheri Sundstrom: Ah, you know, continuing to build our ah, our infrastructure for our workforce. It's been significant, and I think what it's done is it's allowed for when somebody gets hurt they don't want to be hurt, but they want they want somebody to help guide them and make sure that it's going to that. Everything is going to be okay. So, my job that Hoffman has always been to make sure that people are getting to their providers, and that they're providing us with their information so that I can work with the teams to ensure that

105

00:20:47.200 --> 00:21:16.160

Sheri Sundstrom: they're providing safe light duty. Um! And if they need surgery, making sure that we're communicating with them so that we can get them back to work as soon as we can possibly get them back to work. And so, I don't have these open-ended time-loss issues and I know that everybody in the workers' comp community always, says I'm, looking for a rosy-colored glass. But those rosy-colored glasses started at a spot of not knowing anything about the worst content system. And this is all I know.

106

00:21:16.170 --> 00:21:17.120

Sheri Sundstrom: It is

107

00:21:17.220 --> 00:21:28.650

Sheri Sundstrom: State of Oregon, and it's what I tout to every other state that we go into business, including we're doing work in Israel right now, and I'm trying to use some of these fundamental ideas in the state of Israel.

108

00:21:28.680 --> 00:21:47.470

Sheri Sundstrom: So, what I want to tell you from a business perspective is. I have seen it work when we make everything worker-centric, and what that means is making sure that our program is always about recovery and return.

109

00:21:47.480 --> 00:22:12.590

Sheri Sundstrom: And I. You know, if for those of you that know Victoria Kennedy from the State of Washington and Joel Sachs, the Director of Illinois, that is what they doubt, and they do it because of what they saw us do in Oregon. So, as we're looking at opportunities to collaborate to make sure that the workers are not being forgotten, and they aren't languishing out there, for you know, indefinitely as a time.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

110

00:22:12.600 --> 00:22:16.890

Sheri Sundstrom: Ultimately, I know that every single injured worker wants to give back to work

111

00:22:16.900 --> 00:22:44.630

Sheri Sundstrom: as quickly as possible, and so everything that we're doing should be with that ultimate goal in mind, including, I love Kirsten's idea of going to the MAC. That's something we often refer to when I was on the unlock is, we would refer to the atm when it came to medical, and we would. We would put the onus on them to collaborate just like your group does on a Ml. So, I thank you so much for letting me share that, because I

112

00:22:44.640 --> 00:23:04.069

Sheri Sundstrom: I am so proud of what we've done in the state of Oregon, and I continue to love the things that we dare to enhance it. But you know, I think we just want to make sure that we're always being worker, centric and recovery and healing and return to work are the optimal goals for everybody. Thank you.

113

00:23:05.900 --> 00:23:07.200

Theresa Van Winkle: Thanks, Sherri

114

00:23:08.260 --> 00:23:09.790

Sara Duckwall: Sheri. I have a question,

115

00:23:09.800 --> 00:23:25.890

Sara Duckwall: sure. Thank you for your um. But I appreciate that from your perspective and your model, and you spoke about you, Don't, have any open-ended time on us out there? Can you speak more to that and like? How that works, and why you don't have any open in the timeline.

116

00:23:25.900 --> 00:23:35.990

Sheri Sundstrom: Sure, and I think this has a lot to do with specifically in Oregon and in other States is communicating. So, if somebody does go out

117

00:23:36.000 --> 00:24:05.439

Sheri Sundstrom: typically, number one, we, it is the only time anybody goes out on time loss from the very get home is somebody that is bedridden and admitted to the hospital. We will provide light duty of any type, I mean, we we've. We've learned over the years that the best person to help us with what the light duty would be for the restrictions is

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

actually the injured worker. So, we are communicating effectively with the provider and the worker right from the get. These

118

00:24:05.450 --> 00:24:34.949

Sheri Sundstrom: These are the id, you know, as somebody is going to off-site what are things that you can do. Make sure you're communicating with the provider um for that initial injury appointment. And then, if they do have surgery, we are making sure that the provider has that information as to what transitional work people have available, and would love to have the opportunity as soon as they feel worker is capable to be able to return, to work, to be able to do that.

119

00:24:34.960 --> 00:25:04.580

Sheri Sundstrom: That. And so, we are communicating effectively with the and your work, and we're communicating effectively with the provider. And I, you know, I think there's some companies that may limit their transitional work time. Hoffman's goal is ultimately to get workers in where we are subdivision that has the craft workers especially. They have union agreements. And so, we want to make sure that we're sticking within the guidelines of the Union agreements that

120

00:25:04.590 --> 00:25:22.719

Sheri Sundstrom: we want to make sure that those workers, when they get done with, let's say they get done with Reaser stadium at OSU that they are able to go to work for any employer. They can get dispatched out of the hall tomorrow, and so our goal is always to make sure we are working through from,

121

00:25:22.730 --> 00:25:50.799

Sheri Sundstrom: and I don't know that you want to use this. Maybe this is an appropriate. The cradle to grave is my term. The beginning of the client to the end of the client is making sure that we're all effectively communicating, and takes a village to make sure that the worker has the most successful outcome, and there is something else to note is that comment on many of our large projects. Anything that's over ninety million, and I've said this before. We will do what's called an owner contractor-controlled insurance program.

122

00:25:50.810 --> 00:26:00.959

Sheri Sundstrom: We aren't just ensuring Hoffman's employees. We're also ensuring our subcontractors. So, this model has been very effective in working with

123

00:26:00.970 --> 00:26:16.139

Sheri Sundstrom: hundreds of our subcontractors who have injuries, too. We educate them on the best practices to ensure that we're all on the

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

same page, and all of our workers are being treated in the exact same way on the job sector with that ultimate goal of

124

00:26:16.150 --> 00:26:20.980

Sheri Sundstrom: everybody gets back to work, and is back at full duty before the job ends, if at all possible.

125

00:26:21.890 --> 00:26:28.859

Sara Duckwall: I hope that answered your question. It does. Thank you. I appreciate hearing the best practice from the business perspective.

126

00:26:29.380 --> 00:26:33.490

Matt Calzia, ONA: This is this is Matt, and I actually have a question for you, Sheri

127

00:26:33.680 --> 00:26:40.129

Matt Calzia, ONA: It you're spoken about like light duty. So, I was going to ask about that like having kind of these.

128

00:26:40.750 --> 00:26:56.039

Matt Calzia, ONA: I believe the term that I've heard through this committee. The subcommittee is the bona fide job offer, So I'm curious kind of your process of getting folks back to work through life duty. And then also some of the barriers that we've heard around. Folks who are on light duty has been

129

00:26:56.050 --> 00:27:04.139

Matt Calzia, ONA: the challenges of the release to go, and maybe they have a physical therapy appointment, and you would actually be perfect for this, because your job sites are

130

00:27:04.710 --> 00:27:19.289

Matt Calzia, ONA: not just in one place. And so, if they have a physical therapy appointment? Do they lose a whole day of work? And how does that work with Pto. And so, I'm. Just curious how you all manage that the light be to your bona fide job, offer function as well as then,

131

00:27:19.300 --> 00:27:27.400

Matt Calzia, ONA: I guess, incentivizing or supporting workers to maintain that connection while they're also operating in that light duty framework

132

00:27:27.410 --> 00:27:52.520



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Sheri Sundstrom: sure, agree questions. And I've actually had some significant experience with this area um specific to the time away from work. So, we do we do what's called a transitional work agreement for every worker that is placed on restrictions? Um, you know it lists out what the restrictions are, and then it lists out what the new assignment that has been, you know, collaborated between the worker and the supervisor,

133

00:27:52.530 --> 00:28:18.980

Sheri Sundstrom: and then we have the doctor sign it. So, we are taking those documents with us to first time. The worker goes to the clinic to make sure they don't miss a beat, because if they miss a day or two of work that can be detrimental to them, and we want to make sure that we don't. We don't miss any time, so we work with the providers, the worker, the worker, and the provider at the clinic to make sure we get that document signed.

134

00:28:18.990 --> 00:28:46.599

Sheri Sundstrom: Then the follow-up visits. We ask the worker to try to make them towards the end of the day, the first day when they get injured. That hope that that day is paid in full, and so maybe I should preface this up until two thousand and nine from one thousand nine hundred and ninety, two until two thousand and nine. We were paying workers to attend their doctor business. It was horribly abused because nobody could track it, and we don't have like a punch card system for workers on the construction sites,

135

00:28:46.610 --> 00:28:58.979

Sheri Sundstrom: and, in fact, through our union agreements our workers get paid when they're physically working, and when you think about it, when a worker goes off site or when they're away from work at work,

136

00:28:58.990 --> 00:29:15.089

Sheri Sundstrom: you have their hourly rate, plus the fringes plus their whole package. So, the goal is to make sure that workers are trying to make those appointments first thing in the morning or at the end of the day, so that we can get as much of their eight-hour day in as possible,

137

00:29:15.100 --> 00:29:29.989

Sheri Sundstrom: and then with physical therapy, you know, you know, physical therapy can run into the evening, and it can also you. You can get them on weekends. And so, there's a lot of opportunities there, but I have to say

138

00:29:30.000 --> 00:29:50.069

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Sheri Sundstrom: I was so supportive of making sure that people would get paid while they were away for their appointments, and Matt tragically, it was abused. It was abused. We had people go into the bars and not coming back to work, and it wasn't everybody. But it was enough to wear.

139

00:29:50.080 --> 00:30:11.740

Sheri Sundstrom: It was not fair to everybody else that was doing the right thing. So, we had. We. We step back on that in two thousand and nine. So that was, you know. We had a couple of decades of doing that, and it really was not successful for us. However, I did come across, and I thought I would share it with this group.

140

00:30:11.870 --> 00:30:33.790

Sheri Sundstrom: One of our Union agreements that we have in Arizona actually requires that the worker get reimbursed for two hours, you know, by the employer. So, me as the employer Hoffman. If I have a work or get injured and carpenters' holiday on there if they get injured, they we have to reimburse them the day of the injury,

141

00:30:33.800 --> 00:30:40.679

Sheri Sundstrom: you know, just like we do now and then up to two hours for the first three follow up visits.

142

00:30:41.640 --> 00:30:48.650

Sheri Sundstrom: Okay, so in that kind of that two hours is similar to what you know we have at Hoffman for our salary employees, but we

143

00:30:48.660 --> 00:31:12.020

Sheri Sundstrom: and so, but there's No, no other Union agreement that has that. So, it's actually written into our Union agreement. So, we have to follow that. And we're trying, you know. It's kind of an interesting dynamic that we're learning how to track, because we failed so miserably, you know, in the nineties, and up until two thousand and nine. So, we're kind of you know. How do you track this to make sure that? Um! That's

144

00:31:12.030 --> 00:31:25.609

Sheri Sundstrom: you know number one. If the workers leaving the site for a doctor's appointment that we actually know they're leaving. So, I don't have anything to add to that. How that's working, but just that it is something we're working through.

145

00:31:27.030 --> 00:31:28.540

Sheri Sundstrom: Was that helpful?

146

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:31:29.910 --> 00:31:32.389  
Matt Calzia, ONA: Yes, thank you. Okay.

147  
00:31:38.580 --> 00:31:39.820  
Sheri Sundstrom: Okay,

148  
00:31:40.040 --> 00:31:43.200  
Theresa Van Winkle: That is there anybody else that wants to

149  
00:31:43.260 --> 00:31:47.209  
Theresa Van Winkle: speak on the on this issue before I move to the subcommittee discussion.

150  
00:31:51.260 --> 00:32:05.549  
Jovanna Patrick, OTLA: I'm sorry I don't see it fine. My! Oh, you're fine! You've got to know where it's where I can see the hand button. I was looking for it. But that's okay, I am going to chime in. So, you know, I do appreciate hearing from everyone, and I miss the last meeting with the

151  
00:32:05.560 --> 00:32:23.230  
Jovanna Patrick, OTLA: doctors, but I was able to listen to it this morning, and I felt like there was some really helpful information in there about what it's really like here on the ground for the doctors to be working and trying to get these patients through the system. So, what I'm hearing from miss

152  
00:32:23.240 --> 00:32:26.889  
Jovanna Patrick, OTLA: Sundstrom and Hoffman, is that there's no problem

153  
00:32:26.900 --> 00:32:46.720  
Jovanna Patrick, OTLA: with the way the rules and the law are written currently as long as the employer is engaged with the claim processing. I think That's something we haven't talked about. A lot is education to employers and working with the employers to help them understand how they can use the existing tools that they already have

154  
00:32:46.730 --> 00:33:02.279  
Jovanna Patrick, OTLA: to effectuate positive engagement with care and positive return to work. It's working at Hoffman. Unfortunately, at most employers a lot of employers that I see Don't have that sort of structure or education, or

155

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:33:02.290 --> 00:33:15.569

Jovanna Patrick, OTLA: apparently, you know, desire to do that. You know what I see a lot, and I hear this from probably three to five of my workers every single week is, how do I get to my medical appointments? I'm like dude,

156

00:33:15.580 --> 00:33:39.260

Jovanna Patrick, OTLA: and what the response usually is. My employer said. I just took the whole day off. I can't come in. If I have an appointment we can't have every single worker who's injured schedule appointment for the first appointment of the day, or the last time in a day or on weekends. We heard from all the doctors about the shortage of employees' shortage of physical therapy. And so, it just doesn't work. Even at Hoffman They expect you to go first thing in the morning or last day.

157

00:33:39.270 --> 00:33:43.269

Jovanna Patrick, OTLA: That's just not possible for everyone to be seen like that.

158

00:33:43.280 --> 00:34:12.849

Jovanna Patrick, OTLA: I think what we heard from Dr. Lawlor is that the doctors are trying, you know they are trying to get people in. They are trying to get people to answer their services, and it's hard out there. We all know that just from our own experience. So, I said, let's not do something that's going to cause more stress to the workers and to the writers, and potentially push more of these providers out of the system. I do appreciate that the folks who are on back and on the MCO. They are a lot more aware of the rules, and they have different rules than what the conduct of your body

159

00:34:12.860 --> 00:34:23.429

Jovanna Patrick, OTLA: require. We don't want to push every other provider out of the system, because it's too complicated because they're going to have to have more paperwork, more stuff to do,

160

00:34:23.469 --> 00:34:37.380

Jovanna Patrick, OTLA: I think What I've really seen here is I mean, there's been just no showing in all of this discussion that this is an actual problem that means to be resolved by having an arbitrary cut off of time, loss, benefits.

161

00:34:37.389 --> 00:34:50.200

Jovanna Patrick, OTLA: You know no other. Say I looked at the but some of the States no other State has an arbitrary cut-up. I think one of them, just, you know when they when it's open under, they send it back to the

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

provider for more information. Nothing about penalties to workers which we've heard don't work,

162

00:34:50.350 --> 00:35:04.989

Jovanna Patrick, OTLA: But you know we don't even know from all of our discussion here how often, how many workers are actually given! Weren't releases that are longer than thirty days or longer than twenty, five, or longer than sixty. We don't know how many workers have open-ended, releases.

163

00:35:05.000 --> 00:35:20.270

Jovanna Patrick, OTLA: We hear from Dr. Lawlor that her colleague puts out two months that sees them quicker. It just does that as a safeguard. So just because it's long it doesn't mean that they're not going to be seen timely that they're not engaged with care. We just don't have that information. We don't know also, if workers with

164

00:35:20.280 --> 00:35:38.910

Jovanna Patrick, OTLA: open-ended restrictions are the workers who are not being engaged with care. We've heard a lot about missed appointments and follow up calls that the doctors make. Dr. Wallace was surprised that the insurers didn't use all of the tools that they have, especially with scheduling the appointments themselves, and that falls on the doctor's office, who is already short staff.

165

00:35:39.000 --> 00:35:48.479

Jovanna Patrick, OTLA: So, it seems like. If the insurers aren't willing to use the rules they already have existing tools, and we don't have any real data on

166

00:35:48.490 --> 00:36:01.689

Jovanna Patrick, OTLA: a connection between an open and new work, release not being seen. Not being engaged with care, it doesn't seem like it is a time to make changes to the rules that already exist when there are plenty of them.

167

00:36:01.700 --> 00:36:07.130

Jovanna Patrick, OTLA: And I would just repeat that if we are going to talk about some sort of change,

168

00:36:07.480 --> 00:36:25.519

Jovanna Patrick, OTLA: there is, you know, penalizing the worker. Again, and again you discuss that is not helpful, not useful, especially when we talk about low-income workers who have language barriers, and small mom

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

and time employers who are maybe doing their best, but don't know how to run a claim properly.

169

00:36:25.530 --> 00:36:39.650

Jovanna Patrick, OTLA: They are the ones that need the education. We send a ton of stuff to the workers, but you know It's more of a question of all of the parties here using the tools that we already have to make sure that they stay engaged.

170

00:36:39.660 --> 00:36:40.879

So, thank you.

171

00:36:43.990 --> 00:36:47.269

Theresa Van Winkle: Thanks, Jovanna. I have Kirsten first, and then, followed by David.

172

00:36:47.740 --> 00:37:16.759

Kirsten Adams: I just wanted to respond to one thing that Joanna had said about um. Sheri's ah example about being able their ability to follow a claim, and that's where I just wanted to point out that. Um excuse me. The size of Hoffman allows for that sort of you know, allows for somebody like Sheri to do that. If you're looking at a smaller. Ah, you know a smaller company where they don't have a person that's that I mean. I wish everyone have a Sheri on their staff to um

173

00:37:16.770 --> 00:37:31.009

Kirsten Adams: with the processes and that sort of thing. But in reality, if you're talking about a company that has, you know, it's like a small fewer than ten employee company, where they have one person doing all of the administrative everything in the back.

174

00:37:31.050 --> 00:37:47.609

Kirsten Adams: It's. It's just not feasible to have that level. Um. So, I think that that it's not for lack of wanting from the employer's perspective. It's just a lack of um, you know, ability in a smaller company to have somebody that is able to dig in at the level. It sure is. And one other thing,

175

00:37:47.620 --> 00:38:07.039

Kirsten Adams: Java. I mentioned several times about penalizing workers, and I don't think that's anybody's attention here. I don't think that any of us have the intention of penalizing workers. If they um you know, have difficulty getting into their doctor. Um! I just wanted to correct. I don't I don't I haven't heard that from anyone, and so I just wanted to

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

correct that. I don't think that that's anyone's attention in this group. So,

176

00:38:07.800 --> 00:38:12.739

Kirsten Adams: and I think David probably has some other things to add on to, that

177

00:38:12.750 --> 00:38:17.220

Matt Calzia, ONA: I did have a follow up. This is Matt regarding that,

178

00:38:17.600 --> 00:38:30.470

Matt Calzia, ONA: but it sounds like the Sheri's Company is enormous, and is operating across States, and even countries, so I think there might be a scale. So, I'm curious about that if we're looking at

179

00:38:31.640 --> 00:38:43.570

Matt Calzia, ONA: the capabilities of that company, I'm just wondering when you said, Well, if there's a company with ten employees, it's unlikely that they have this like that all ten or out at the same time, and they're trying to track that. So, Um! Is there any?

180

00:38:43.640 --> 00:38:56.479

Matt Calzia, ONA: Maybe folks know? Is there kind of any equation like you can kind of expect that you're going to have X percentage of your employees out on work comp based on this industry. Did you folks explore that or so that we would be able to see that

181

00:38:56.910 --> 00:38:58.490

Matt Calzia, ONA: that small business

182

00:38:58.510 --> 00:39:08.129

Matt Calzia, ONA: may have that capability through their human resources, and they could do some predictive analytics and kind of know how many people they would be having. Now, do you know any of that?

183

00:39:08.950 --> 00:39:18.459

Kirsten Adams: So, I don't know in particular, but I do know that to your point of scaling, I think, as companies get larger. You tend to have,

184

00:39:18.470 --> 00:39:47.580

Kirsten Adams: you know, a broader at least I can speak from the construction industry a broader, like safety team or a brought, you know you have sort of more in that space that that can handle this. But um

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

like, I said, and I don't know exactly where that, and it might just be based on the company. And what? What exactly is there engagement? Um. So, I don't know that there's like a sweet spot where it starts to switch over to the ability to have somebody more along the lines of Sheri. But um it! It's probably a scale. But um, but others I see several of our hands so on the

185

00:39:48.070 --> 00:39:49.690

Kirsten Adams: hunt it to who might know the answer

186

00:39:49.700 --> 00:39:53.389

Kirsten Adams: I saw the Caitlin raised her hand, and I think I saw that for me. Yeah,

187

00:39:53.400 --> 00:39:56.360

Theresa Van Winkle: I was gonna say Caitlin probably can give a response.

188

00:39:57.490 --> 00:40:26.650

Caitlin Breitbach: Hi, yeah, this is Caitlin right about the small business Ombudsman's office. Um, I raise my hand specifically to kind of reiterate what uh Kirsten was saying about the size of the companies, and how that can really um be an obstacle when it comes to making sure that these claims are processed in a timely manner. Um, you know not. Everybody has the capability or the knowledge base, or any of that, to be able to

189

00:40:26.660 --> 00:40:42.980

Caitlin Breitbach: make sure that their workers are being processed through the claim, you know, process appropriately. And you know, I would, I would say anecdotally just based off of the people we work with in general. Um, The

190

00:40:42.990 --> 00:41:10.679

Caitlin Breitbach: higher and a healthy worker is there. But the knowledge base is, is very little um, and making sure that um, you know, like you, said the reaching down, and having education that's great and everything. But we can, only we can only like, do so much as far as like making employers come to us, or, you know, calling us, or going out to certain places, you know we can have the education available. Um! That doesn't necessarily mean that everybody will even know about it or partake.

191

00:41:10.860 --> 00:41:18.349

Caitlin Breitbach: So, you know. And then to add to just kind of what I've noticed as far as the



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

192

00:41:18.360 --> 00:41:35.129

Caitlin Breitbach: these open-ended time losses, um, you know usually when an employer calls us in regards to a claim. Um is sometimes stalled for whatever reason, and it's not necessarily the fact that they want the claim to close. But there is just no

193

00:41:35.140 --> 00:41:46.049

Caitlin Breitbach: knowledge of when it's going to close, or what what's happening, or any of that stuff. And so, it ends up being kind of this open-ended problem that they don't know what to do with

194

00:41:46.060 --> 00:42:16.050

Caitlin Breitbach: um, and it ends up creating an instance where their experience modifiers going up because the cost of the claim is going up. Um, and you know, just reiterate, you know most things, businesses that are calling it us on a daily basis already under fifty employees. And definitely don't have somebody who is able to kind of walk through this process with um. The claim that and the insurer, and they're just kind of doing their best. Um! And then they don't realize why their claims costs are kind of out of control. And um, you know all that. So, I just kind of wanted to reiterate

195

00:42:16.060 --> 00:42:19.689

Caitlin Breitbach: the how the size of the company can really

196

00:42:19.700 --> 00:42:43.890

Caitlin Breitbach: um of that. How? Ah! Claims are kind of processing, the timeliness in which things are closed, and how that kind of small businesses in general. Um! With how much their worst comes of being, and how it can be kind of a detriment. Ah! For small businesses, for their claims costs to just keep climbing, and when there's open at a time loss,

197

00:42:43.900 --> 00:42:53.810

Caitlin Breitbach: and there's no kind of end in sight that those claim cost dollars, just kind of keep adding up and adding up and adding up. So, I, your kind of just wanted to reiterate on that. Specifically.

198

00:42:57.690 --> 00:43:04.080

Theresa Van Winkle: Thanks, Caitlin. I'm sure I saw your hand raise. I'm guessing you're going to add to this piece of the conversation.

199

00:43:06.460 --> 00:43:12.190

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Sheri Sundstrom: Yeah, So I want to make sure. Everybody understands why I gave you that overly

200

00:43:12.330 --> 00:43:22.609

Sheri Sundstrom: a bit about Hoffman is I have been able to utilize the tools, I mean. But that was like everybody is saying, it's one person,

201

00:43:22.620 --> 00:43:40.379

Sheri Sundstrom: and if we, if there was a situation with one of our subs and I don't always know what's going on with our subs if I'm not personally involved in those claims where somebody wasn't able to come back to work because of these open-ended time losses that would be, you know that's

202

00:43:40.390 --> 00:43:49.170

Sheri Sundstrom: defeats so much of what we're trying to do in the industry. But you know I'm glad that you picked up on the fact that it takes

203

00:43:49.180 --> 00:44:18.979

Sheri Sundstrom: a village to take care of this. So why, you know, I think it's so critical as I first said, that we are worker-centric recovery and returning to work, and that should be the ultimate goal from day one for everybody engaged and they can't do it. If number one, they don't understand how the process works, and if somebody is out there, you know needlessly out there, and I don't know that any worker wants. I've never come across to work her once.

204

00:44:18.990 --> 00:44:40.370

Sheri Sundstrom: Stay at home indefinitely, you know, and that's not to say that we Haven't had problem claims that that's a whole different set of baggage, as opposed to somebody having an injury and just hanging out there with no hope of coming back to work. So, I'm going to say, I think the goal is always

205

00:44:40.380 --> 00:45:10.009

Sheri Sundstrom: the best goal is to get people back, to work as quickly as possible and to ensure they're doing that is, by making sure that they're getting the care they need, which is, you know what we've been so successful at doing in being able to utilize those tools, but I think everybody's right. It does take a lot of work to do that. And um most small employers don't understand that, and the education until they have an injury. They don't even know what a work on claim is. I started this all out, saying I didn't even know what it was conquering was

206

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:45:10.020 --> 00:45:14.220

Sheri Sundstrom: in 1992, and I've been with the company for seven years. So

207

00:45:14.230 --> 00:45:43.789

Sheri Sundstrom: and it was I. I hope that's helpful. I don't want somebody to think that I didn't think I thought that opening ended time. Loss is not a big deal, it would be a huge deal for us, but for the fact we're able to utilize the tools, and I'd like to point out to just for everybody. I'm very well aware that most of our subcontractors, their carriers, don't even have contracts with them. MCOs so they don't even have the benefit of like majors or Providences MCO, that can help

208

00:45:43.800 --> 00:45:56.469

Sheri Sundstrom: with their own guidelines. And so those people are, you know they get a double whammy. They don't have an employer, and they're not part of an MCO. So, keep that in mind as well as when you're talking about this.

209

00:46:01.440 --> 00:46:03.340

Theresa Van Winkle: Make sure, David.

210

00:46:06.590 --> 00:46:11.389

David Barenberg: First. I don't know if there's anybody who's on the list of speakers who Hasn't spoken. I mean, I've already.

211

00:46:11.400 --> 00:46:14.089

Theresa Van Winkle: I do not have a list actually so.

212

00:46:14.100 --> 00:46:14.990

David Barenberg: Okay.

213

00:46:15.000 --> 00:46:18.549

Theresa Van Winkle: I'm just going about who's raised their hands and turned on their cameras.

214

00:46:19.950 --> 00:46:28.440

David Barenberg: Okay, so just to respond a little bit to what Jovanna said. And you know, I think that there are

215

00:46:28.650 --> 00:46:46.770

David Barenberg: a whole bunch of elements in what she said, that are issues that we need to take up, and we would support. And some of them

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

are on your work plan. Ah, intimidation, retaliation, access to the system, you know I would characterize it for low powers. Ah,

216

00:46:46.780 --> 00:47:05.610

David Barenberg: ah! Language barriers what we can do. I think um think that? Um! Those are all issues that I would hope we can work on together, and I would hope that MLAC can put together, and they have the items in a work plan, but some structure for trying to get us together to address those, because I think there are a lot of

217

00:47:05.740 --> 00:47:16.810

David Barenberg: areas that we all agree, and we should really move forward on. And there's probably some low-hanging fruit to try to address some of those issues. Second, just

218

00:47:17.440 --> 00:47:37.070

David Barenberg: safe has fifty-five thousand policy holders, of whom seventy, five percent have fewer than ten workers, and most of those employers have never had a claim. So, when they do have a claim. Um! It's often, you know, no matter how much information you put out and make available on the website.

219

00:47:37.080 --> 00:47:56.629

David Barenberg: Um! How many in you know, workshops that you invite them to or for us? We offer, you know, consultation from our safety staff, of which we did. You know, I think, over nine thousand consultations with businesses last year. Um, you know. Then we offer those services to businesses, no matter what size or how much in reading they made

220

00:47:56.640 --> 00:48:26.580

David Barenberg: um. You know that it's still on it. It's still a new world for them, so we try to work with them to make it easier, you know to go through the system. Often, they don't have an Hr. It's just the proprietor um who's doing all the work sometime. They've contracted out their HR and capable, so they're even a step forward. So, um! Those businesses often may not have um uh light duty, and we try to work with them

221

00:48:26.590 --> 00:48:34.499

David Barenberg: on that also, I think another. That's a whole other, you know. Discussion, too. But you

222

00:48:35.120 --> 00:48:46.919

David Barenberg: two other points. Well, one point, and then getting to, I think, where we are on this is that you know,

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

223

00:48:47.450 --> 00:49:05.439

David Barenberg: when we address the issue of time loss in the legislation last session, where we all came together and supported after the work of MLAC. You know the passage of major legislation brought down by the trial lawyers. Um! A lot of the items in there

224

00:49:05.800 --> 00:49:08.740

David Barenberg: didn't have

225

00:49:09.090 --> 00:49:26.649

David Barenberg: data to support them. They had anecdotal stories, and we went along with the anecdotal stories Um, without demanding that there'd be data because on a bunch of the issues there wasn't data. And you know, I I'm just surprised that we don't get the same sort of

226

00:49:26.660 --> 00:49:33.019

David Barenberg: respect here on this issue, and I think, to ask isn't all that much they ask.

227

00:49:33.030 --> 00:49:55.279

David Barenberg: Um, you know one thing you know we'd love um, you know we proposed what our preferred alternative was in the session. Um is some regular um renewals of time loss, and you know that clearly. Ah met with a thud. Um from some of the for some of the reasons you heard, and we still think that there are ways of making that workable. But we,

228

00:49:55.290 --> 00:50:06.309

David Barenberg: you know, appreciate our partners in the system, and think that you know, just saying that there has to be some point where somebody has to come back and get their time lost,

229

00:50:06.320 --> 00:50:23.590

David Barenberg: renewed, meaning. They have to be in contact with a physician, be it in a month, two months, three months, four months, five, whatever it is. But there needs to be a date where that needs to be done again. We've heard how onerous it is in in.

230

00:50:23.600 --> 00:50:37.529

David Barenberg: I won't comment on, but you do it every thirty days or every whatever. Um, but it just doesn't seem too much to ask where an um employer in the system is not paying somebody's replacement wages.

231

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:50:37.540 --> 00:50:52.349

David Barenberg: Um, so they can get better that they check in, have some date when they need to get that renewed and checking in with their physician, so that doesn't seem to me to be an onerous Ask it doesn't seem to me that it will

232

00:50:53.170 --> 00:51:18.409

David Barenberg: cause hardship in the system, and it can have the benefit for the very limited number of workers that that's not working for. And yes, there are tools again that that insurers have. Ah, except that you know they and they lead to a path of kicking somebody out in the system, and that again isn't work for us. So, um you've heard from me enough, I think, from that, and so I'll stop talking about it. Thank you.

233

00:51:22.560 --> 00:51:23.879

It's David,

234

00:51:23.970 --> 00:51:25.009

please.

235

00:51:25.050 --> 00:51:27.100

Theresa Van Winkle: Good morning. Thank you for your patience.

236

00:51:27.680 --> 00:51:29.940

Keith Semple: No, no, no, I'm happy to wait my turn,

237

00:51:31.740 --> 00:51:51.290

Keith Semple: so, I'm hearing some kind of conflicting things. Um, I'm hearing that um one of the major goals is to get workers back to work. But I'm. Also hearing that a lot of employers, even if the work restrictions are aren't open, and it just can't don't have the bandwidth, or where, with all to do that.

238

00:51:51.300 --> 00:52:19.790

Keith Semple: Um, I'm hearing that a lot of these are small employers, yet I know that those small employers have insurance to assist with um the various interests of getting a doctor to sign off on a modified job offer and the like. Um, so we've got workers that have a partial work restriction. We've got workers that are doing what their doctor has asked them, and we have a subset of workers who are not doing what their doctor has asked them, and we have a subset of workers who are not doing what their doctor has asked them,

239

00:52:19.800 --> 00:52:20.839

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Keith Semple: or

240

00:52:20.850 --> 00:52:48.279

Keith Semple: actively disengaging in their treatment, and trying to dodge the doctor and stay on work Restrictions from my understanding is that it's really the workers at least make sense that that would be the workers that we're really concerned about the ones that aren't doing what their doctors asking to get better. Aren't checking in and are in a position where the employer can't say, Okay, you've got work restrictions. I've got some work for you. Let's get this going,

241

00:52:48.290 --> 00:53:04.790

Keith Semple: and I understand they've got more bandwidth than most. Um. But I mean they're using the tools that exist. Um, and they're able to make it work or centric in terms of getting a worker back to work, keeping the doctor engaged in that discussion. Everybody,

242

00:53:04.800 --> 00:53:24.389

Keith Semple: and that's processing the claim that's doing what the law currently requires, and using the tools that the law currently requires to maximum effect. The only way that cutting time locks off on a specific date is worker-centric. Is it done to all the obligation on the work,

243

00:53:24.400 --> 00:53:43.099

Keith Semple: and it dumps all that obligation on every single worker on wage loss in the State, regardless of their circumstances. I think that is very much too much to ask, and too onerous for the small subset of Dr. Doctors that we really need to get engaged.

244

00:53:43.110 --> 00:54:02.479

Keith Semple: A lot of those people can be dealt with the existing tools. I mean, I keep caring that these existing tools are too cumulative, but cutting the worker and their family off the time lost because their doctor won't cooperate with the date, the insurers that somehow that's not a penalty. Nobody's saying that

245

00:54:04.400 --> 00:54:30.529

Keith Semple: I don't like it. It's not something that i'll support it's not something i'll ever support um that ensures the defined bandwidth to use the tools that exist and help their employers engage with the doctors and the worker to get people back to work if that's really the problem that we got here. Um! The other workers, the vast majority of them are engaged in the sense that they're doing what their doctor has asked them to do, and they should not be swept up in this.

246

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

00:54:36.210 --> 00:54:37.420  
Theresa Van Winkle: Thanks, Keith.

247  
00:54:38.860 --> 00:54:46.429  
Matt Calzia, ONA: This is Matt. I do have a question for David in looking over some of the other States processes, and then

248  
00:54:47.410 --> 00:54:54.600  
Matt Calzia, ONA: have a question regarding, I think it's been referred to as the bug letter, and so that is something that you

249  
00:54:54.670 --> 00:54:57.250  
Matt Calzia, ONA: could be used to and like. There's no

250  
00:54:57.410 --> 00:55:00.589  
Matt Calzia, ONA: conditions. If you send a letter that you have to,

251  
00:55:00.980 --> 00:55:06.100  
Matt Calzia, ONA: I suspend the or terminate the workers

252  
00:55:06.320 --> 00:55:17.399  
Matt Calzia, ONA: income. But is that a tool that could be? Is it used now to facilitate that conversation, to identify gaps, and maybe why the continuation of care has been interrupted, and

253  
00:55:17.770 --> 00:55:28.169  
Matt Calzia, ONA: I'm just curious how that works. It seems like when we, when we discuss some of this, I keep coming back to looking at the other states that have what looks similar to that process.

254  
00:55:28.490 --> 00:55:34.779  
Matt Calzia, ONA: When I hear kind of some of the problems you're articulating, it sounds like that would be the solution. So i'm just curious on

255  
00:55:35.040 --> 00:55:40.560  
Matt Calzia, ONA: that one, if that would. Why, that isn't helping with the engagement currently.

256  
00:55:41.210 --> 00:55:42.589  
David Barenberg: Um,



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

257

00:55:42.770 --> 00:56:00.370

David Barenberg: thank you. Ah, Matt, um i'd like to have um Dan Schmeling, who is our claims quality assurance manager, and has been a claims adjuster and manager. Um respond to that. He will do a much better job than I will If that's okay,

258

00:56:00.680 --> 00:56:02.520

Dan Schmelling: okay, that this is.

259

00:56:02.610 --> 00:56:12.050

Dan Schmelling: This is Dan, the Bug letter. I don't want to say is a threat. It's a tool that's used to close the claim,

260

00:56:12.080 --> 00:56:23.970

Dan Schmelling: not just to stop time, loss, but to stop time, loss, and close the client. And so, if a worker is not actively engaged and has not been seeking medical treatment

261

00:56:24.270 --> 00:56:39.499

Dan Schmelling: consistently, and they don't have a follow up appointment. We can send the bug letter out if there's been a gap of more than thirty days, or if it's a longer timeframe, as outlined by their attending position, and the and the butter basically says.

262

00:56:39.510 --> 00:56:45.200

Dan Schmelling: And i'm paraphrasing here, have you given up on your treatment? If so, we're going to close your client,

263

00:56:45.620 --> 00:56:47.690

Dan Schmelling: which means we're going to end time loss.

264

00:56:47.700 --> 00:56:59.150

Dan Schmelling: We're going to close your claim, and if you disagree with that, please let us know and schedule an appointment to get back into your doctor, if not, your claims closed.

265

00:56:59.270 --> 00:57:19.039

Dan Schmelling: So, if the worker responds with Yes, I plan on seeking care, we can't proceed with closing the claim, because they've responded within the timeframe aloud. They don't have to schedule an appointment. They don't have to have an appointment with the doctor. They just have to respond with.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

266

00:57:19.050 --> 00:57:33.750

Dan Schmelling: I plan on seeking. Follow up care, and we can't close the claim now. We can wait another thirty days, and this worker still hasn't, sought treatment, and still Hasn't scheduled an exam, and then we can send out another bug letter, saying,

267

00:57:33.760 --> 00:57:46.549

Dan Schmelling: If you give it up on care, you haven't sought treatment now for over three months, and if the worker responds with No, I plan on seeking care, we can't move forward with closing the client,

268

00:57:47.850 --> 00:57:52.419

Dan Schmelling: and so that that isn't a tool we like to use, because

269

00:57:52.430 --> 00:58:08.479

Dan Schmelling: the intent is, we want the worker to be seeking medical treatment if they really need medical treatment. If we're going to close the claim. We want a good assessment of what their permanent impairment is, so that if the worker challenges it and requests recon that

270

00:58:08.490 --> 00:58:22.680

Dan Schmelling: the recon affirms what we did, because we had good medical evidence when we close the client. And so, is it a tool we can use? Yeah, it's basically just kicking the problem down the road and making threats to the worker.

271

00:58:23.030 --> 00:58:26.220

Dan Schmelling: So, I guess you know that's kind of my

272

00:58:26.350 --> 00:58:29.410

Dan Schmelling: comment on the use of a bug letter. So

273

00:58:30.580 --> 00:58:42.190

Matt Calzia, ONA: thank you for that. And just to be clear. So, if you send above bug letter, it does engage with the conversation, or or I mean It's that you're not required to close the plane, but it could be the initiation.

274

00:58:42.200 --> 00:58:52.599

Dan Schmelling: No, we're supposed to close the claim if the worker doesn't respond in the time frame, or responds with, i'm not going to seek treatment. We're supposed to close the gl.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

275

00:58:53.460 --> 00:58:58.470

Dan Schmelling: It's a requirement that you would have to close the same. I believe the rules say we must.

276

00:58:59.810 --> 00:59:01.849

Dan Schmelling: So yeah, I mean it,

277

00:59:01.880 --> 00:59:08.039

Dan Schmelling: I guess, asking this question. Should we be making threats and not following through on the threats.

278

00:59:08.610 --> 00:59:15.639

Matt Calzia, ONA: No? Well, I guess I guess that's the thing is, I keep hearing that we aren't talking about being punitive, and that does.

279

00:59:15.650 --> 00:59:19.350

Dan Schmelling: It's pretty punitive, right? And so, you

280

00:59:19.590 --> 00:59:37.489

Dan Schmelling: but it also sounds like, you know, some of the other. I don't view the bug letter as a tool used to promote the worker to seek treatment and to get their time loss authorized.

281

00:59:37.500 --> 00:59:51.500

Dan Schmelling: I believe the intent is when the worker is given up care and isn't treating anymore to say, Hey, it looks like It's time to close your client. Is it time to close your claim? If so,

282

00:59:51.540 --> 00:59:53.690

Dan Schmelling: please go back into the doctor

283

00:59:53.700 --> 01:00:05.049

Dan Schmelling: have that closing exam so that we can close the claim properly based on the attending Physician's medical report. Otherwise we will go ahead and close the claim.

284

01:00:05.860 --> 01:00:11.450

Dan Schmelling: I don't view it as a tool to manage time, loss, authorizations.

285

01:00:11.610 --> 01:00:14.989

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Dan Schmelling: That's where we'll reach out to the Ap. And say,

286

01:00:15.130 --> 01:00:27.990

Dan Schmelling: Can you continue to authorize time loss. Does the worker have a current medical appointment, you know? When are they supposed to return versus saying, we're just going to close your claim? If you don't respond.

287

01:00:28.710 --> 01:00:36.490

Matt Calzia, ONA: Okay. So, you do have that ability that you will just reach out to the physician and follow up that way to get some of that.

288

01:00:36.500 --> 01:00:53.040

Dan Schmelling: Yes, we can do that, and that maybe gets into the hassle factor of, you know. Going back to the doctor repeatedly with, you know, the worker Hasn't been seen. Can you give us an update? Oh, we're going to see him in two weeks? Okay, if we knew that,

289

01:00:53.050 --> 01:00:56.560

Dan Schmelling: maybe we would have waited two weeks for the chart note,

290

01:00:56.940 --> 01:01:07.749

Dan Schmelling: but quite often we don't know that information. So, without reaching out to the doctor's office and taking up their time and resources. We don't know that information.

291

01:01:10.320 --> 01:01:27.089

Sara Duckwall: And this is Sarah. I have a question along those lines as well. If i'm assuming these instances are with open, and the time loss. Because if time lasts had a defined date, you would know when they're going to be checking in. Is that correct? Or am I.

292

01:01:27.100 --> 01:01:36.400

Dan Schmelling: Yeah, but those are the I don't want to say the easy claims. Those are the claims where, when we know when the follow-up appointment is,

293

01:01:36.700 --> 01:01:58.480

Dan Schmelling: we don't have to reach out to the attending physician and say, Can you please give us an update on the workers work restrictions because we know that they're going to be seen in a week or two, and we can work with the employer and say, Hey, we know that the work is going to be seen in two weeks, so we can probably get updated or restrictions at that time, and we might even write to the doctor and say,

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

294

01:01:58.490 --> 01:02:24.859

Dan Schmelling: when you see the worker in two weeks. Can you please address their work restrictions Because the employer has this potential for modified work, and we would like to know if they can return to that modified work. But when we don't have that information, that's when we go out on these expeditions of sending letters to the doctor or phone calls or facts is saying, we don't know when the appointment is So can you give us an update?

295

01:02:32.020 --> 01:02:33.350

Theresa Van Winkle: Hi, Jovanna?

296

01:02:34.760 --> 01:02:47.470

Jovanna Patrick, OTLA: Thank you. I mean, I just have to say that I guess I've been reading, but letters wrong my entire career because I disagree with Mr. Schmelling on what they require and how they are used.

297

01:02:47.480 --> 01:02:56.110

Jovanna Patrick, OTLA: It is my understanding, and the bug letter says it right on there. Have you completed treatment? We can close or tell us the date and the name of the doctor and your next appointment.

298

01:02:56.260 --> 01:03:08.809

Jovanna Patrick, OTLA: I have never filled one of those out by going back and saying, i'm the workers being seen. You know it requires the name of a doctor, and an appointment to be set, not within those fourteen days, but the appointment to be set,

299

01:03:08.940 --> 01:03:28.589

Jovanna Patrick, OTLA: and I think if the workers are returning these about lawyers, saying, I intend to see treatment that should Trigger claim processing with the adjuster and with the employer, call the order. Call the doctor, you know. Are you being seen? Let me set that appointment for you. Why, there are problems here, but still engagement with care, but still the worker,

300

01:03:28.600 --> 01:03:40.660

Jovanna Patrick, OTLA: letting the adjuster know that they do want to see care. And then the adjuster is the one who's supposed to be processing. The claim should be the one to reach out and figure out what the impediments are or help them schedule.

301

01:03:41.160 --> 01:03:53.469

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Jovanna Patrick, OTLA: I see, insurers use the bug letter to cut off time loss all the time. I have had adjusters send them on day thirty, one every single day thirty-one in a claim,

302

01:03:53.630 --> 01:04:06.689

Jovanna Patrick, OTLA: you know, every single month. So, I think we're insurers are using these to cut off time, loss. They are executive in getting the worker to engage. I think they're one of the most effective tools, but they are only one tool,

303

01:04:06.700 --> 01:04:17.610

Jovanna Patrick, OTLA: as Mr. Smelling said. If they return it and say they're being seen, but they don't see a follow-up that gets a gesture to schedule the appointment for the work that's another tool.

304

01:04:17.620 --> 01:04:26.759

Jovanna Patrick, OTLA: That one thing it's not mentioned again is the bona-fi job offers. Why isn't that a kick to get the bona fired job offer out to the worker?

305

01:04:26.770 --> 01:04:41.699

Dan Schmelling: All of these things are things that can help them engage, and I just read a blood letter in a completely different way that apparently the insurance industry does well to that point. I was speaking for safe. I can't speak for other insurers,

306

01:04:41.710 --> 01:04:49.129

Dan Schmelling: and the question was, Don't, you use the bug letter? Can't you use the bug letter to stop time, loss, and close the claim,

307

01:04:49.650 --> 01:05:01.970

Dan Schmelling: and so, my response was as far as closing the claim. If the worker responds that Yes, I do plan on seeking treatment, or I am seeking treatment. We can't close the claim in that situation.

308

01:05:02.240 --> 01:05:05.790

Dan Schmelling: Can we just arbitrarily stop time loss?

309

01:05:06.380 --> 01:05:08.509

Dan Schmelling: I would still say No,

310

01:05:08.520 --> 01:05:31.270

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Dan Schmelling: Yes, Of course you can't if you do not have an authorization from a doctor for time. Loss, then, of course, you can put up time less so if it's an open to you. I'm lost authorization, or she can send a bona fide job offer. I'm going to interrupt real quick, Mr. Smelling? Um. My question was more Isn't that letter You, with our discussion is around maintaining an action with care,

311

01:05:31.280 --> 01:05:35.089

Matt Calzia, ONA: engagement, and so I was more framing it to kind of

312

01:05:35.350 --> 01:05:54.169

Matt Calzia, ONA: and get an understanding of that is a tool that that facilitates that engagement. Not necessarily because I don't believe our intent is looking at how we cut workers off in the subcommittee. That's not our charge. So, it's more looking at the tools available for engagement of care, I understand, especially hearing one hundred and fifty

313

01:05:54.420 --> 01:06:08.929

Matt Calzia, ONA: from Ah, Ms. Sandstrom, about the how their active participation in getting workers back to life duty. And so, I was just trying to. I understand that we have that bona fide job offer available in our statutes. But I was looking at the bug letter. More of that

314

01:06:08.940 --> 01:06:18.590

Matt Calzia, ONA: getting that conversation going and that engagement back into the care if somebody who is slipping, not necessarily of Don't, you already have the ability to cut somebody off. So, I just want to clarify that.

315

01:06:18.600 --> 01:06:19.459

Okay?

316

01:06:20.720 --> 01:06:38.560

Dan Schmelling: So, to that point and to Joe Bao's point. Yes, we can use that as a tool, and we could send it out every thirty days if we wanted to with Ah, are you going to seek treatment? Are you going to seek treatment, or should we close your claim? So, if you wanted to look at it from that standpoint of

317

01:06:38.570 --> 01:06:48.400

Dan Schmelling: Yes, it is, in my opinion, a heavy-handed threat that we can use on the worker to call it game compliance,

318

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

01:06:48.710 --> 01:06:52.020

Dan Schmelling: I guess, from my perspective

319

01:06:52.280 --> 01:07:04.289

Dan Schmelling: we expect our adjusters to guide the worker through the system instead of making threats repeatedly with, if you don't seek treatment, we're going to close your claim and cut off your time lost benefits.

320

01:07:07.520 --> 01:07:12.429

Dan Schmelling: That's how I view the bug letter. There're times when it's effective.

321

01:07:12.510 --> 01:07:17.600

Dan Schmelling: There's times when it can be viewed, I think, is a heavy-handed threat.

322

01:07:18.810 --> 01:07:33.720

Dan Schmelling: And what do we rather have that predictability of knowing when the worker is going to see treatment next. So, we know when to expect an updated work restrictions, or we know when to expect the updated time loss authorizations,

323

01:07:36.590 --> 01:07:39.359

Dan Schmelling: you know, add predictability to the system.

324

01:07:50.310 --> 01:07:52.290

Matt Calzia, ONA: Thank you. I have no more questions.

325

01:07:52.520 --> 01:07:56.200

Matt Calzia, ONA: I know. If Jovanna, if your hand is still up,

326

01:07:56.490 --> 01:08:10.210

Jovanna Patrick, OTLA: I will lower it there. Thank you, and I would just say that, you know, predictability is great, but this is not a one-size-fits-all system. But I see there are times when the doctor chooses not to set a specific date. Dr. Lawlor talked about her colleagues, you know, saying

327

01:08:10.220 --> 01:08:16.940

Jovanna Patrick, OTLA: months, and but then we're going to get you in sooner, you know, because doctors can't always set the appointments right then.



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

328

01:08:17.390 --> 01:08:35.239

Jovanna Patrick, OTLA: Any rule that would have a cut-off date. That was a one-size-fits all for everyone would be punitive, for everyone would be heavy-handed for everyone, and it would be a worse sort of heavy-handed, because it's a rule that we all know exists but workers

329

01:08:35.250 --> 01:08:40.619

Jovanna Patrick, OTLA: probably don't. They're individual people employers and their teeny little offices. They're individual people.

330

01:08:40.630 --> 01:08:47.689

Jovanna Patrick, OTLA: So, a bug letter is a specific thing from an adjuster on a specific claim worker. You haven't done this we need to do it.

331

01:08:47.700 --> 01:09:01.140

Jovanna Patrick, OTLA: Go, do it, or close your claim, rather than imposing some broad rule that doesn't go in line with workers who are all following their restrictions. I just want to say one thing since Mr. Brennan brought it out. My,

332

01:09:01.149 --> 01:09:15.359

Jovanna Patrick, OTLA: the anecdotes, you know. When we came forward what was happening. We were talking about things that are happening with our workers every day of a week, I can tell you. You know I just said three to five times a week. I get a call about being able to go to your medical appointments about, you know.

333

01:09:15.370 --> 01:09:22.290

Jovanna Patrick, OTLA: Five to ten times a month I get clients with bonified job authors who ask me about how they can get to their appointments if they offer.

334

01:09:22.359 --> 01:09:31.570

Jovanna Patrick, OTLA: So those are actual, hard numbers. Mr. Barenberg said that this open and a thing is affecting a very small limited number.

335

01:09:31.609 --> 01:09:32.809

Jovanna Patrick, OTLA: Of,

336

01:09:32.920 --> 01:09:43.869

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Jovanna Patrick, OTLA: workers! So that's what we have to go on. Let's not change all the rules for what the insurance company is saying is a very limited number of workers. We are not following the rules,

337

01:09:44.100 --> 01:09:45.889

Jovanna Patrick, OTLA: and the tools are there for that.

338

01:09:45.899 --> 01:09:47.290

Jovanna Patrick, OTLA: Thank you.

339

01:09:48.140 --> 01:09:59.120

Sara Duckwall: I have a comment that um. I heard Dr. Lawlor say that they used a date for time loss not just open-ended um and tending to get someone in sooner.

340

01:09:59.140 --> 01:10:09.139

Sara Duckwall: So, I did hear. It wasn't not an open end of time. So, I think that is what we're talking about here.

341

01:10:09.370 --> 01:10:12.690

Sara Duckwall: I guess anybody I would ask,

342

01:10:13.790 --> 01:10:23.680

Sara Duckwall: How is an open and a time loss beneficial to a worker or helping getting them back to work or getting them returned to work getting them on light duty.

343

01:10:24.650 --> 01:10:27.370

Sara Duckwall: What does that achieve?

344

01:10:33.630 --> 01:10:35.110

Theresa Van Winkle: Can't marry plumber

345

01:10:35.550 --> 01:10:37.659

Theresa Van Winkle: all your hands down? Okay, never mind.

346

01:10:40.150 --> 01:10:46.389

Paloma Sparks: I don't have an answer to Sarah's question, because that's what I figured. I figured your hand was right. Your and was raised before service.

347

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

01:10:46.400 --> 01:10:48.789

Sara Duckwall: No, that that's okay. I mean, I think it's just

348

01:10:48.800 --> 01:10:53.739

Sara Duckwall: you know, to put that out there, if open and the timeless doesn't achieve any of those things,

349

01:10:54.500 --> 01:10:56.250

Sara Duckwall: how is that beneficial?

350

01:10:56.700 --> 01:11:00.940

Sara Duckwall: So maybe there's something we can all think about. And i'd love to hear from. Hello!

351

01:11:02.450 --> 01:11:09.560

Jovanna Patrick, OTLA: Well, I can comment on that just a little bit, and it's again that we don't have a one-size-fits-all system.

352

01:11:09.570 --> 01:11:25.789

Jovanna Patrick, OTLA: I think that it's actually quite rare that we see straight open, and releases, where we see a worker who goes in their appointment with their attending position, and does not get another appointment at that same time. So, this isn't a big problem. It doesn't happen that often, which is

353

01:11:25.800 --> 01:11:45.190

Jovanna Patrick, OTLA: why it's not a problem that needs a solution. But what I see when there's open-ended time, loss, authorizations that are working for the system would be like what Lawn mentioned at the last meeting. If you're post-surgical, if you're maybe thinking about surgery want to do a course of physical therapy, or course of work hardening, or

354

01:11:45.200 --> 01:11:59.990

Jovanna Patrick, OTLA: go. Get that, MRI, and then come back, and we'll talk about your options and those things take time. So, having it open, ended in that sense tied to a future event that doesn't have a specific date that makes perfect sense, and that's how the medical field met of offices work.

355

01:12:00.000 --> 01:12:03.989

Sara Duckwall: But Dr. Butler did not have open-ended Time offs correct.

356

01:12:05.320 --> 01:12:21.249

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Sara Duckwall: I'm sorry he was able to get back in with his surgeon. But there's nothing wrong with you know. We didn't hear that there's something wrong with the surgeon not seeing the worker every thirty days. I didn't say thirty days just open. Ended. Correct?

357

01:12:22.240 --> 01:12:38.500

Jovanna Patrick, OTLA: What lawn discussed was that there was a difficulty in getting into visible therapy, and that someone who'd see his doctor and the schedule that his doctor chose, and that Sometimes his doctor would have nothing to say to him, because he hadn't gotten the treatment that was recommended because of the time it takes,

358

01:12:38.510 --> 01:12:58.270

Jovanna Patrick, OTLA: so that Doctor chose to see the worker every thirty days. That's what you know. That was my understanding for a lot, or whatever schedule they were on. If a doctor instead shows that I don't need to see you back until you complete those things right now. Our system is okay with that, and so it was a position in my position that it should remain that way. We should not impose

359

01:12:58.280 --> 01:13:09.229

Jovanna Patrick, OTLA: some arbitrary duty when this is working for the doctors, and there's sometimes very good reasons why they are not seeing the worker until something has occurred.

360

01:13:10.410 --> 01:13:19.130

Sara Duckwall: I also heard Max say that you know they were very surprised about open into time loss, and they didn't see that was a best practice,

361

01:13:19.520 --> 01:13:21.120

Sara Duckwall: as I would out.

362

01:13:21.130 --> 01:13:29.290

Matt Calzia, ONA: I would assert that then, when we were able to discuss with them. Their responses were in congruent with their surprise, because

363

01:13:29.770 --> 01:13:46.040

Matt Calzia, ONA: I forget the chair's name. The orthopedic surgeon had mentioned, it, it seems, actually was the crust of the matter came down with insurance approval for things like typical therapy, and they both acknowledged that that was a significant barrier and facility, and created a situation where, having these

364

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

01:13:46.050 --> 01:13:53.439

Matt Calzia, ONA: open-ended potential, was beneficial, because it's in bird in their offices, which they all acknowledged were overburdened. So the

365

01:13:53.700 --> 01:14:08.989

Matt Calzia, ONA: I think, we could review the minutes and kind of look at that, I mean. There was one time once when Max seemed surprised about it, but then all of the physicians who were directly questioned. Even when we look at the MAC Min is acknowledged that there seems to be some case by case basis necessary.

366

01:14:09.000 --> 01:14:27.989

Sara Duckwall: Right now. I agree with you, Matt, that you know they were definitely um talking about, and a sixty day or a longer period that so they could have that window to be seen, but I didn't hear any, and we could review that for sure. But I didn't hear anything about straight open ended being beneficial to the work.

367

01:14:28.270 --> 01:14:30.800

Sara Duckwall: Did I? Did you hear that matter? Did I miss that?

368

01:14:31.350 --> 01:14:40.520

Matt Calzia, ONA: No. What I heard was that they there was a lot of I didn't hear them say that they we need a requirement as well. So yeah, we should review

369

01:14:46.030 --> 01:14:50.110

Theresa Van Winkle: okay if Ann's hand was raised. So i'll call on her then Paloma.

370

01:14:52.090 --> 01:15:22.079

Ann Klein: I want to comment on. I think that's a fair point, but occasionally there are barriers to an attending position makes a referral for a particular type of treatment, and sometimes that gets stuck. But I would counter that rather than saying you should just hang out, or however long it takes to get you in that regular check-ins with the attending position, also allows the attendant position to identify that there's a stick in in the process, and help advocate for the injured worker and identify either all

371

01:15:22.090 --> 01:15:37.839

Ann Klein: alternatives in the interim or help them identify. What do we need to do to help grease the wheels, but leaving them just out there waiting for that Pt. Visit to first occur, believes the worker without

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

the support of Let me advocate for helping you get into that care? That, I think, is more

372

01:15:39.380 --> 01:15:43.640

Matt Calzia, ONA: thanks. A. And I do have a question regarding that. I and this would be you.

373

01:15:44.070 --> 01:16:00.840

Matt Calzia, ONA: So, one of our members, a nurse as an O and a member. They their visit with an orthopedic surgeon who is not there attending, and this is after they have been through physical therapy, orthopedic procedures. And now this is probably a year.

374

01:16:01.290 --> 01:16:10.019

Matt Calzia, ONA: The orthopedic surgeon said, you. You will need a more invasive procedure, so let's get that schedule. And it was about. It was over sixty days. It was pushing,

375

01:16:10.050 --> 01:16:15.749

Matt Calzia, ONA: I think, like ninety days by the time we get the procedures lined up, and they're not improving.

376

01:16:15.940 --> 01:16:32.369

Matt Calzia, ONA: And so, they're attending Physician Doesn't. I guess my question would be then, considering the burden on our health care system, is there what value is having this person who is having to wait for surgery, and because of how these things are booked out,

377

01:16:32.380 --> 01:16:46.990

Matt Calzia, ONA: what value is then going to see the attending? They have a specialist, the orthopedic surgeon. The attending knows they were sent, and they referred to the Orthopedist, who's going to conduct surgery, and so this would then be using up the resources of that attending physician's office to go in and say,

378

01:16:47.000 --> 01:16:58.730

Matt Calzia, ONA: Yep, Still got that surgery scheduled in late October, and nothing, you know. So, I um. I am. Question asking from your standpoint of operating the um. So

379

01:16:58.920 --> 01:17:13.729

Matt Calzia, ONA: do you do. That is that kind of the standard procedure is okay. We've got you scheduled. It's going to take three months, but we want to make sure, because we have this agreement with our attending and

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

the contract that you're going to pop in every thirty days and see them. Is that how it operates?

380

01:17:13.740 --> 01:17:42.070

Ann Klein: We, we, we do um It continue to have an expectation of that frequency of check-ins. Um, it does allow them to Generally, when you're waiting for a surgery that's pending and saying, Okay, this is the next step. Um, there's still conservative care um oftentimes things that the attending position or the surgeon wants to occur to help um ensure that when they do get scheduled for that surgery that they're in a good condition um to support um best outcomes possible,

381

01:17:42.080 --> 01:18:01.059

Ann Klein: and it provides that opportunity to check in with the worker and ensure that we're on track. We're meeting Conservative care approaches in the interim. You really Still, even if you're waiting for surgery. Don't want somebody truly just sitting and waiting. You want some level of engagement on the Conservative care until that point.

382

01:18:04.560 --> 01:18:05.639

Matt Calzia, ONA: Thank you.

383

01:18:08.250 --> 01:18:11.129

Theresa Van Winkle: I will hear from Paloma, and then Jovanna

384

01:18:16.600 --> 01:18:28.480

Paloma Sparks: Thanks, Teresa um plum sparks, organ business and industry. Just a couple things, especially since we've had a lot of these conversations.

385

01:18:28.490 --> 01:18:47.310

Paloma Sparks: One I guess i'd express some frustration about the argument that this isn't a problem that occurs that much. So why do we need to do anything about it? Because when we've had conversations that are problems that Don't happen very much, or anecdotal on the worker side

386

01:18:47.350 --> 01:19:05.559

Paloma Sparks: we prioritize making effects. For example, we've done stuff about retaliation where we've said absolutely no employer would do that, and worker advocate said, Well, we've had an experience where it happened until we passed a whole law to make to address that exact issue. So

387

01:19:06.200 --> 01:19:25.419

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Paloma Sparks: you know, there was a commitment to have this conversation. I really hope that everyone will come into it with an open mind. Um! But our goal here is just to make sure that all of the parties in this system are prioritizing, getting the worker better

388

01:19:25.430 --> 01:19:38.619

Paloma Sparks: and making forward progress. So, the point is also to motivate the worker to prioritize that as much as everybody else,

389

01:19:38.640 --> 01:19:56.050

Paloma Sparks: and that's having open-ended time, loss without you know, having the worker need to have a check in with their doctor. Um! It's just very concerning that. You're going to see a stall in their recovery. Um, and that you'll start

390

01:19:56.640 --> 01:20:14.189

Paloma Sparks: five steps back from where you should have been had the worker consistently been seeing their doctor understand that there can be issues with scheduling. And I think if we all think creatively, we can find a solution for how to address that.

391

01:20:14.480 --> 01:20:24.399

Paloma Sparks: But I do think that this is a serious problem that we need to figure out how to address. So, I just wanted to express that on behalf of our members. Thank you.

392

01:20:27.830 --> 01:20:29.139

Theresa Van Winkle: Thanks, Bona

393

01:20:29.620 --> 01:20:30.780

Theresa Van Winkle: Jovanna.

394

01:20:33.900 --> 01:20:41.349

Jovanna Patrick, OTLA: Yes, thank you. I just wanted to respond to something a few, you know. A few talks back, so i'll try to try to find that.

395

01:20:41.360 --> 01:21:01.329

Jovanna Patrick, OTLA: You know. Dr. Bowman did say that when he was asked that question about. Well, doctor, seeing you can't you help things along? Isn't helpful. You see the worker, and they haven't been into physical there. Can't you do something about it? And he said, Well, sometimes, yes, but usually it's an authorization process. We also have to wait for the authorization.



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

396

01:21:01.340 --> 01:21:04.189

Jovanna Patrick, OTLA: So, this idea that the doctor can somehow magically

397

01:21:04.200 --> 01:21:22.290

Jovanna Patrick, OTLA: to move the case forward, you know, if they see them more often, is not necessarily the case. Also, when folks are waiting for surgery, they're waiting for surgery. I recently I just had a client whose doctor, requested physical therapy. Why, they wait for surgery, and the MCO? Denied it, saying,

398

01:21:22.300 --> 01:21:25.290

Jovanna Patrick, OTLA: You don't need any physical therapy until after your surgery.

399

01:21:25.300 --> 01:21:32.389

Jovanna Patrick, OTLA: So, these things are being attempted, and it's not always the worker refusing to go in, and you know, causing the problems.

400

01:21:32.400 --> 01:21:42.470

Jovanna Patrick, OTLA: And I think that's you know, a broader issue that we've heard We've heard. I've heard a lot of things from everyone here about how everyone needs to be engaged, the employer and the worker and the provider.

401

01:21:43.250 --> 01:22:01.919

Jovanna Patrick, OTLA: Yes, we read to have this conversation, and we have showed up every time with ideas and talking about the options. So i'm a little offended by any allegation that we're not here to talk about the problems because we are. We don't have a predisposed idea about what's going on we?

402

01:22:01.930 --> 01:22:19.500

Jovanna Patrick, OTLA: When this was brought to us there was an idea of a thirty day, and then immediately we were told that wasn't what the idea was anymore, and we were talking more broadly. So now we're talking more broadly. So, you know we're here to talk about options, and we're here to talk about options more broadly. As well. Not just

403

01:22:19.510 --> 01:22:37.969

Jovanna Patrick, OTLA: what we see as can be a penalty to the worker to create a one-size fissile solution to a problem that has been dubbed as a

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

very small problem affecting a very small number of workers. It's not my words. Those are Mr. Barenberg words, so we are here to engage.

404

01:22:38.390 --> 01:22:47.859

Jovanna Patrick, OTLA: But you know we have opinions on some of the things that have been brought forward.

405

01:22:48.180 --> 01:23:03.100

Jovanna Patrick, OTLA: There are less heavy-handed ways of doing this than creating a one-size fits off. There's no reason why an adjuster gets what they see as an open-ended work, release where they can't write to the doctor and say, doctor, when's your next appointment

406

01:23:03.110 --> 01:23:22.289

Jovanna Patrick, OTLA: can you quote? You know shouldn't this cut off on such a date. I see those all the time that ensures in a much better position to do that, and the work that worker gets information from the doctor and reacts to that information. I have workers calling their doctors all the time, so I can to get me. And can you get me in? And the Dodger says Now,

407

01:23:22.300 --> 01:23:23.490

so

408

01:23:23.610 --> 01:23:27.940

Jovanna Patrick, OTLA: this is something that everyone needs to be involved in, and

409

01:23:28.080 --> 01:23:40.939

Jovanna Patrick, OTLA: and you know there's some particular engagement that you think we are not doing. I would love to hear it, because I feel like I've spent a ton of my time and effort being open, minded about these things and sharing and reading it.

410

01:23:42.180 --> 01:23:44.790

Sara Duckwall: Jovanna, may I um respond?

411

01:23:44.800 --> 01:24:02.179

Sara Duckwall: I appreciate your willingness to come to the table in your open, and so thank you for that. I think this stuff mighty appreciates that I do have a question. You're saying a one size fits all, and i'm not sure I understand how um limiting time was to just not open-ended is a one-size fits. All I feel like

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

412

01:24:02.240 --> 01:24:08.079

Sara Duckwall: maybe the doctor would be able to determine that based on every situation,

413

01:24:10.470 --> 01:24:12.059

Jovanna Patrick, OTLA: you know, I think,

414

01:24:12.620 --> 01:24:31.039

Jovanna Patrick, OTLA: if insurers do not want to have open-ended time-offs authorizations the question is, where does Yeah, Well, who does that follow? Right? So, the doctor gives the work. Okay, come back to me after the MRI. Now, there's a rule that says you have to have an end date on it. You know it doesn't matter when you

415

01:24:31.200 --> 01:24:59.320

Jovanna Patrick, OTLA: Then what's the process? There, right? Is suddenly. There's an end. Date and a worker get, you know, come from time loss just because there's an I'm trade envy and a lot. Or is it on the insure to reach out to the doctor, like I believe in the only state that doesn't require open-ended. It's like I can't remember what it was but it said, you know, if they get an open end, and they send it back to the worker and the physician and ask them to fix it. What happens to the worker's time last. But if it's during that time, you know those are the things that we are concerned about,

416

01:24:59.330 --> 01:25:19.940

Jovanna Patrick, OTLA: you know. If there's an open-ended, one, and then the ensures, you know it's right to the doctor and say, Hey, put an end date on that, you know. That makes sense, but an arbitrary. All operations, and after X amount of days, no matter what they say, no matter the circumstances, that's the one size fits all solution to a small problem that I don't think is perfect.

417

01:25:19.950 --> 01:25:37.560

Sara Duckwall: Well, I think I read, or I saw that like seven out of the responses um had not open at a time. Also, that's one. Ah, seven of the States. I may have looked at that incorrectly. But that's okay. Let's say just as an example,

418

01:25:37.570 --> 01:25:53.929

Sara Duckwall: a worker is waiting for an MRI, and the doctor says, you know. Yes, the Mars are backed up, you know, in this person's head. I think it's going to take him, probably two months to get him. So, what if I put in and date and ninety days

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

419

01:25:53.940 --> 01:26:02.380

Sara Duckwall: them as a regional expectation in this, in the system, to ensure that they can had continuation of care in that manner.

420

01:26:03.270 --> 01:26:07.090

Sara Duckwall: Is that a one-size itself? I don't, I guess i'm just trying to understand. Better.

421

01:26:08.720 --> 01:26:18.279

Sara Duckwall: I'm sorry in your example. You know we were suggesting a ninety-day cut off for. But I just like, if you know, Let's say the doctor thinks cinema is going to take six weeks.

422

01:26:18.290 --> 01:26:37.900

Sara Duckwall: So, to give a buffer, you know, just like Dr. Lawlor's example of They see everyone within a sixty-day period, but they put sixty days there to give them that that buffer to make sure that injured worker can be seen. If that doctor built in its own buffer to make sure the system could flow.

423

01:26:37.990 --> 01:26:40.469

Sara Duckwall: I. Is that a real size? That's all.

424

01:26:41.570 --> 01:26:45.519

Jovanna Patrick, OTLA: That's the solution that works for that doctor and their practice.

425

01:26:45.530 --> 01:26:57.150

Jovanna Patrick, OTLA: Dr. Lawlor said. She does things differently. Dr. Bowman says he does things differently, but acknowledged that his practice is different than like a pediatricist. So, I would say that you know we cannot

426

01:26:57.210 --> 01:27:08.030

Jovanna Patrick, OTLA: we not? All doctors are um We cannot. We have a hard time mandating to all the doctors that they have to do with specific things and educating them on that, and then educating the workers on that.

427

01:27:08.050 --> 01:27:26.190

Jovanna Patrick, OTLA: So certainly, that sounds like a really good practice. And if this committee could find a way to make every single doctor commit to that practice without increasing the paperwork to them

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

and the burden on the system, and making them want to withdraw from the system because of it. Then we'll be talking about something.

428

01:27:26.200 --> 01:27:37.429

Jovanna Patrick, OTLA: But, in my view, any specific time loss cuts up on X day, regardless of what your individual doctor thinks is appropriate in your individual case. I think that's a problem.

429

01:27:38.030 --> 01:27:40.010

Sara Duckwall: I think it would. That's what it

430

01:27:40.020 --> 01:27:47.369

Sara Duckwall: the same as an individual doctor would choose that date so based on that practice, and what would work for them?

431

01:27:47.700 --> 01:27:51.899

Sara Duckwall: There's no I don't. I didn't hear any specific date being laid out.

432

01:27:52.510 --> 01:28:07.930

Matt Calzia, ONA: I would ask for the folks who are engaged in this. Is there anything that prevents doctors from studying these days? Currently They can all do this now they can say we're going to do ninety days, or maybe sixty days. We're going to be thirty days. We're going to do fifteen days

433

01:28:07.940 --> 01:28:14.329

Matt Calzia, ONA: currently. There is nothing that compels the doctor to say, i'm going to leave it open-ended. This has kind of been on there

434

01:28:14.440 --> 01:28:16.519

Matt Calzia, ONA: their practice. Individual. Proper.

435

01:28:18.050 --> 01:28:33.409

Jovanna Patrick, OTLA: Yeah, that is my understanding, and I say, I look at work releases all the time, you know I see them every day, and the things I look through, almost all of them are tied to a future appointment date or a specific number of days.

436

01:28:33.420 --> 01:28:39.960

Jovanna Patrick, OTLA: I don't see a whole bunch of open-ended ones. Those happen when the circumstances require them.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

437

01:28:47.270 --> 01:29:03.060

Sara Duckwall: Okay, I guess I heard that there is some sort of an issue or a problem on the on the business side, that from the small business of my bud's, office, and others that open, and the time Ross is a parsing, and it is creating an issue in the system.

438

01:29:07.490 --> 01:29:12.440

Caitlin Breitbach: Sorry. It took me a second to get my camera back on, you know

439

01:29:12.460 --> 01:29:18.890

Caitlin Breitbach: again. This is all anecdotal, right at least on my side, because when it comes to the small business all of a sudden it

440

01:29:20.070 --> 01:29:24.990

Caitlin Breitbach: sorry I have children at home. You get all here.

441

01:29:25.000 --> 01:29:29.300

Caitlin Breitbach: So, this is all anecdotal. So, when somebody calls, and

442

01:29:29.310 --> 01:29:59.169

Caitlin Breitbach: ah, you know having questions about the system. It's not a lot of data that we're looking at. It's not like we're, you know, pulling up a bunch of ah data that we're able to speak on a on a on a general fast basis. Right? Um. So, we're having to look at its kind of case by case. Um! And ah, you know, I guess I just wanted to point out that it could be the two issues with um your experience modifiers going up

443

01:29:59.180 --> 01:30:00.740

cost of claims,

444

01:30:00.750 --> 01:30:21.219

Caitlin Breitbach: and could cause um. You know some monetary issues for smaller businesses. If there is no checks and balances, for how long people can kind of be out without having to at least touch base with their doctors. And I know there are some limitations now. Um. We talked about the bug letter.

445

01:30:21.230 --> 01:30:50.970

Caitlin Breitbach: Um, and you know there are those uh tools that can be utilized. Um! So, you know I don't think that we have any alien. I can't

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

think we're Dave Walkie. He's not here today, but I don't think we have any specific timeframe in which we feel like it's fair. I don't think thirty days is enough, knowing how long that it takes to get into a doctor even for myself. Um, but you know the that the conversation needs to continue

446

01:30:50.980 --> 01:31:18.920

Caitlin Breitbach: should be had about making sure that these claims are not just continuing to stay open Um, due to lack of participation and not necessarily lack of the availability of a doctor. That's a valid excuse, but lack of participation in the claims process in general. Um, so, and I don't know if that needs to be a general rule that needs to be um implemented um, or just like Jovanna said something that's a little bit more. Um uh

447

01:31:18.930 --> 01:31:23.809

not necessarily. Case that he's not putting a blanket term on everything as far as like

448

01:31:24.200 --> 01:31:39.309

Caitlin Breitbach: cutting off at thirty days, if it needs to be more specific to. You know different areas. That's fine. I guess. I just wanted to point out that it is. It could be a detriment to small businesses when they're trying to

449

01:31:39.360 --> 01:31:57.980

Caitlin Breitbach: control their claims costs and control. How much you know they're spinning on reverse compensation. Um! And along those lines. But we don't have any specific opinion as far as like what that cut off should be in a time as a timeline. I just wanted to make sure that the opinion was out there.

450

01:32:03.220 --> 01:32:08.480

Theresa Van Winkle: Thanks, Caitlin. Um Keith has had for quite a while the and then after it in Keith with a Kirsten,

451

01:32:09.700 --> 01:32:26.199

Keith Semple: I, you know, just a step back. I mean, I think, that we share. I don't think I know that we share the goal of keeping workers engaged in their treatment. Nobody in the system benefits um us our clients anybody. When workers don't

452

01:32:26.280 --> 01:32:56.009

Keith Semple: do what the doctors are asking them to do and stay engaged in the care. Um! So, I mean I just to be clear we have. Ola has no

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

interest in coddling um workers who are not trying to see their doctors not trying to get better, trying to just stay on benefits. Um! When I get involved in claims that go that direction. Um, you know i'm talking to my clients to try and say, you know, if you're not seeing the doctor

453

01:32:56.020 --> 01:33:08.850

Keith Semple: this process? Um, but what we'd like to see um, is It's not. I wouldn't say that that's not a problem at all when it's happening. Um! But what we'd like to see is if we're going to take action is a more tailored,

454

01:33:08.860 --> 01:33:37.969

Keith Semple: they to address that problem when a tap um open ended work restrictions, presumably aren't a real problem. As long as the workers keeping regular appointments. It's the cases where the restrictions are open-ended, and the worker is not keeping regular appointments for whatever reason, not doing what factors asking um and you know That's fine. That's a fine problem to address, but the solution needs to be more tailored and not just put all the onus on

455

01:33:37.980 --> 01:34:07.889

Keith Semple: in terms of when appointments are happening, how restrictions are given. Um! What I would suggest is, you know those cases where this is identified as an issue um to give them or not engaging in care. Um, you know where that threshold may be for a given adjuster, you know I mean its letters to the provider, saying, Hey, this is really not a good thing. Um access. This is not a good thing to have indefinite open work prescriptions, and not see the work and encourage them to follow up.

456

01:34:08.180 --> 01:34:22.140

Keith Semple: Um. Maybe that worker goes to both. The more gram the doctors to the worker kind of knows. Hey, you know we're seeing what you're doing. We're seeing that you're not engaged. We're telling your doctor uh that we'd like to see more engaged. We're asking if that doctor could really

457

01:34:22.150 --> 01:34:42.310

Keith Semple: they verify your inability to work, you know. That is a targeted solution to this problem. Um, to try and um engage the worker and engage the doctor educate both parties um to address the problem. But again, just having, regardless of the date, That's the cutoff day.

458

01:34:42.320 --> 01:35:11.499

Keith Semple: So, the question is whether the workers getting back in, and what the doctor's doing, and we would just like to see the doctor's decision and education and uh, you know things that the doctors being



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

told and asked to do, really driving the train here instead of the work, because, say the workers restrictions are case, and say, on day Ninety um. The worker can't attend the appointment for good cause and good reasons. Um! There's going to be circumstances where the providers

459

01:35:11.510 --> 01:35:41.100

Keith Semple: cancels at the last minute, even after a three-month period, or for some reason really can't make the appointment out, because they don't care, don't want to, but just because it's not possible. Um! And that's why we don't want the hard deadline that just applies regardless. Um. But again, this is all driven by the doctor, and how quickly the doctor can see the work. What the doctor's office practices are. Um, we'd like, I mean. I would like to see the doctors.

460

01:35:41.140 --> 01:36:10.149

Keith Semple: We need to be educated about restrictions, you know. Have that. Have that letter writing in that discussion with the offer. Um, instead of having a solution that addresses a lot of situations where we're not having problems. Um, the doctor same page. So, we're happy to talk about the problem. Talk about solutions. Um, we've been

461

01:36:10.160 --> 01:36:20.410

Keith Semple: well understood by the doctor or the worker. The May suite of workers and farmworkers that aren't part of the problem. We've been very clear and focused

462

01:36:20.420 --> 01:36:38.619

Keith Semple: about. Why, we don't think that's a good solution. But that doesn't mean that we're not open to other ideas or other ways to do this, that aren't quite as heavy-handed, and try to look at that and see if it works. See if that addresses the concern and keeps.

463

01:36:38.630 --> 01:37:02.000

Keith Semple: You know how often we're meeting right about letters or do different things to these doctors to say this is a problem, and we have. We have more discussion to go on to say, Okay, now we need a broader solution. But solution we pride isn't working. It's not working in these situations. It doesn't have to be data driven, but that that still doesn't mean that you should not be tailoring the solution to the problem

464

01:37:02.010 --> 01:37:09.639

Keith Semple: Um, as opposed to something that applies much more broadly, and I think that's what we have the most concerned with on this whole issue.

465

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

01:37:10.350 --> 01:37:29.110

Sara Duckwall: Thanks. Okay. Thank you. I just had a comment on you on your point of your example of um. Let's say ninety days, and then last minute they can't be seen. I thought we addressed that with a forty, five day. Look back to help fix those issues in those examples.

466

01:37:29.430 --> 01:37:38.190

Sara Duckwall: Do you feel that that would fix that within forty-five days that worker will be able to get back in if there is a last-minute issue and cancellation on either side.

467

01:37:38.200 --> 01:37:51.370

Keith Semple: I think it helps ameliorate that issue, but still It's something that the doctor is doing or not doing, that we're talking about. Primarily. We're talking about doctors who don't get work prescriptions within reasonable intervals,

468

01:37:51.880 --> 01:38:08.500

Keith Semple: and that should be it on the doctor to fix not on the worker, to be forced to fix. If the insurers can't force the doctor or encourage the doctor, or get the doctor to comply with what they'd like to see. How is the worker going to do that?

469

01:38:09.200 --> 01:38:16.850

Sara Duckwall: i'm on unclear of how ending open and a time loss. Isn't put on the doctor versus the worker.

470

01:38:19.270 --> 01:38:22.259

Keith Semple: The doctor is the one who's giving the restrictions

471

01:38:22.270 --> 01:38:35.400

Sara Duckwall: right? So, if they're required following up when the doctors asking them to follow up what this rule would say, regardless of the timeframe, is Um, regardless of what the doctor has said. Time loss is going to end.

472

01:38:35.410 --> 01:38:55.080

Keith Semple: I don't know why and how often a doctor would not, you know, be willing to see the worker um, or give work, restrictions and reasonable intervals. But um, you know, if that's happening, the doctor needs to be contacted, and the doctor needs to be asked to take some action just the way the work is asked to take some action

473

01:38:55.130 --> 01:38:58.529

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Keith Semple: that shouldn't be just to cut off the time loss on a certain day.

474

01:38:59.000 --> 01:39:10.470

Keith Semple: That's just not going to be well understood by um by workers, that whatever the doctor said doesn't really apply, it's this date, even though the doctor didn't say it that way,

475

01:39:17.000 --> 01:39:18.479

Theresa Van Winkle: Kirsten. And then, David.

476

01:39:20.160 --> 01:39:25.650

Kirsten Adams: So, my comment was more to what Caitlin had been talking about. I wanted to

477

01:39:25.850 --> 01:39:54.310

Kirsten Adams: ah kind of follow up on what she has said about the difficult, particularly for smaller businesses. And I think another issue, too, to think about in that context is um when you're dealing with a smaller business. These businesses are trying to cover. Figure out a way to, you know. Make things work while this person is out, especially if you only have a staff of five people. Um, you know you're missing twenty percent of your workforce. And so yeah, I think that there is that, you know, she mentioned the financial,

478

01:39:54.320 --> 01:40:09.879

Kirsten Adams: but I think there's also there. There is that incentive of why we feel so strongly about making sure that the worker is getting back to work is for the worker, and then also for the overall functioning of the business. And I

479

01:40:10.110 --> 01:40:29.440

Kirsten Adams: I think that that's where this idea of having a time loss that can be set by the doctor as opposed to having a specific number set in statute, can come in um in that it's serving that purpose of getting what the doctor thinks is necessary for the worker. Um, while also giving the business some kind of certainty of you know what,

480

01:40:29.450 --> 01:40:44.010

Kirsten Adams: how, the how it's progressing and making sure that it's continuing to progress while they're trying to. You know, balance a lot of other, a lot of other things that might be up in the air while that's happening. So, um! I just wanted to thank you for coming and kind of add on to that of it.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

481

01:40:46.690 --> 01:40:48.400

Theresa Van Winkle: It's Kirsten, David.

482

01:40:49.510 --> 01:40:50.630

David Barenberg: Um.

483

01:40:51.780 --> 01:41:06.100

David Barenberg: I wanted to get back to um. Go in the way back machine to Kirsten's original comments, and then um Keith's recent comments, I think that they were really

484

01:41:06.280 --> 01:41:23.679

David Barenberg: clearly. We're having an um an um contentious for contentious in a good way, I mean, you know, exchange of views on um time, loss, and um open into time, loss and visits, and um, I think it's a good discussion

485

01:41:23.690 --> 01:41:26.509

David Barenberg: going back to Kirsten's original um.

486

01:41:26.520 --> 01:41:27.190

The

487

01:41:27.200 --> 01:41:46.670

David Barenberg: add on was, you know, should maybe. One thing um we can do is also work with MAC and have some best practices, or you know, and reach out and educate doctors in some ways. I mean Keith's ideas, too. Um, you know, makes sense to me, and you know we Haven't had enough

488

01:41:46.680 --> 01:42:03.160

David Barenberg: discussion. Um, I think, on some of the more technical ways of using the system to address some of the issues. And are there ways in communication, education, expectations, and standards

489

01:42:03.170 --> 01:42:11.819

David Barenberg: that we should explore. And you know I absolutely agree, and never mean to in tune. You know, OTLA, I think we clearly

490

01:42:11.830 --> 01:42:39.589

David Barenberg: share the goal for the end results, for you know, on that. So, you know, I think you know, still believe that having comp is really interesting, because every case is different. And, um, there's

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

flexibility in the system. But there's also a lot of a bunch of prescribed timelines and deadlines and expectations in the system. So, it's. How do you meld the two?

491

01:42:39.600 --> 01:42:54.249

David Barenberg: And I think, as the Keith talked about who has responsibility? And where do you place the burdens, and you know our thoughts on open and a time loss. And yes, you know a small number of cases. So

492

01:42:54.540 --> 01:42:56.180

David Barenberg: um it.

493

01:42:56.710 --> 01:43:16.869

David Barenberg: We think, still think that if somebody's having surgery, and the doctor says we need to see you in ninety days, or whatever it is that that is a date that then is known. And um, you know, from the we can even reinforce from the insurer side that your time loss will end in ninety days. Or what have you as

494

01:43:16.880 --> 01:43:17.950

David Barenberg: um

495

01:43:18.670 --> 01:43:47.859

David Barenberg: now? Sarah had said. You know there's the forty-five-day piece from last session, so we think you know that that an expectation that there'd be some end date, and some required connection makes sense. So, we're also, you know, as said we'd go into this with an open mind as did OTLA to explore some of those other options, and see what other ways we can try to make changes to the system that can better connect and connect care to.

496

01:43:47.870 --> 01:44:07.709

David Barenberg: And I don't have a good suggestion at this section. Second of how we have that more technical discussion. Maybe there's a subgroup of a subgroup to go and talk about some of those you know. If you tell OTLA and us and MCOs to, you know, talk and the division to talk about some of those things and come back

497

01:44:07.720 --> 01:44:20.430

David Barenberg: because I think it's hard just throwing those out, you know, in this forum and in the nature of. I think the concepts are good, but the you know the specifics are

498

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

01:44:20.560 --> 01:44:27.990

David Barenberg: complex and hard to, you know. Talk about, you know, in a broader group, so

499

01:44:28.170 --> 01:44:31.190

David Barenberg: i'm not offering a solution you

500

01:44:31.200 --> 01:44:42.950

David Barenberg: yet. You know how we have that discussion, but I think you know those ideas that Kirsten and Keith put on the table, or ideas that we should discuss and see if we can refine. Also,

501

01:44:47.040 --> 01:44:48.589

Sara Duckwall: I love that idea, David.

502

01:44:48.600 --> 01:44:50.200

Sara Duckwall: I don't think that.

503

01:44:52.240 --> 01:45:02.520

Matt Calzia, ONA: Yeah, I appreciate that. You know, there's still a lot of discussion happen on maybe more creative ideas and go forward. Subcommittees on subcommittees always

504

01:45:03.530 --> 01:45:10.819

Matt Calzia, ONA: always kind of cracked me up. That's what happens with nursing. It's like. Oh, there's an issue. Let's have a subcommittee, and then there's another subcommittee, and

505

01:45:15.190 --> 01:45:20.189

Sara Duckwall: Matt. Should we spend the last fifteen minutes figuring out where to go next. Teresa.

506

01:45:20.200 --> 01:45:20.889

Sara Duckwall: Yes, it

507

01:45:20.900 --> 01:45:24.890

Theresa Van Winkle: that was my thought. Now, as I was maxing you, you read my mind what's like a

508

01:45:24.900 --> 01:45:26.170

Theresa Van Winkle: choosing gears.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

509

01:45:27.980 --> 01:45:31.390

Sara Duckwall: So just so. We have a meeting next week that we have to

510

01:45:31.400 --> 01:45:34.089

Sara Duckwall: um respond to. Yeah,

511

01:45:34.100 --> 01:45:40.089

Theresa Van Winkle: It's just so. Yeah. So, I don't have the full agenda in front of me, but I believe it's just a status report to the full committee about the subcommittee.

512

01:45:40.100 --> 01:45:41.750

Sara Duckwall: That's all I know.

513

01:45:41.760 --> 01:45:43.469

Sara Duckwall: Twentieth. Yes,

514

01:45:44.230 --> 01:45:53.140

Sara Duckwall: and then we also have a charge to have a recommendation to the full committee of the November meeting. Is that right there

515

01:45:54.560 --> 01:45:59.259

Sara Duckwall: which is November the tenth? That is correct?

516

01:46:01.410 --> 01:46:13.489

Sara Duckwall: So, we're coming Ah, against some pretty hard deadlines. And so, where do we feel? We need to go from here on a very, very quick

517

01:46:13.520 --> 01:46:14.880

Sara Duckwall: trajectory

518

01:46:19.330 --> 01:46:25.069

Matt Calzia, ONA: love input from Teresa on a combat. Yeah, those timelines are.

519

01:46:25.160 --> 01:46:27.390

Matt Calzia, ONA: It's going to be that things are moving quickly.

520

01:46:27.400 --> 01:46:43.229

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

Theresa Van Winkle: Yeah. And I think it all boils down. How quickly I can get both of you a document and circulate the document. Um about that synthesized all the idea is, conversations from the last four meetings together in a single document to kind of Now get and narrow the scope as well.

521

01:46:44.780 --> 01:46:49.300

Sara Duckwall: I like the idea uh brought forth by David. If

522

01:46:49.310 --> 01:47:00.220

Sara Duckwall: you know we can charge Ola safe and see if we get together, and if they can come up with some when I hear a great collaboration and the willingness on all parties.

523

01:47:00.760 --> 01:47:02.049

Sara Duckwall: I don't.

524

01:47:02.240 --> 01:47:06.970

Sara Duckwall: I don't know how quickly they could get moving on that if in your wants to provide

525

01:47:07.050 --> 01:47:24.189

Sara Duckwall: an opinion, and then a timeline for that. That would be that would be helpful to us to for scheduling, because i'm guessing we would need. We need at least one more meeting to go over things and discuss the final recommendations of the subcommittee that would be presented to them

526

01:47:24.200 --> 01:47:25.359

Theresa Van Winkle: to the full committee.

527

01:47:26.310 --> 01:47:35.189

Theresa Van Winkle: The other thing, too, is that depending on conversations? Not that I'm. Saying, we want to kick the can on the subcommittee discussions, and this and the grade work that's happened today as far as

528

01:47:35.200 --> 01:47:49.140

Theresa Van Winkle: next steps. Um, but it could be that the tenth could be just kind of a status of Beta. The this is what the subcommittee is working on um again. That would be up to the co-chairs to give the green light. But you know it's the tenth is, what's on the dock in the in the memo, but it's not



**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

529

01:47:50.250 --> 01:47:53.820

Theresa Van Winkle: it. Theoretically it could be it could be moved. It's not set and stuff.

530

01:47:54.170 --> 01:48:03.300

Matt Calzia, ONA: It may be beneficial that the broader MLAC way in on kind of that next step, and we see with the you know we present next week

531

01:48:03.640 --> 01:48:09.790

Matt Calzia, ONA: um to the broader I'm lacking. Maybe we can have use that group to make some determination on that.

532

01:48:09.800 --> 01:48:11.579

Theresa Van Winkle: That That sounds good to me

533

01:48:15.520 --> 01:48:16.889

Sara Duckwall: that works for me as well.

534

01:48:16.900 --> 01:48:17.820

Okay.

535

01:48:18.170 --> 01:48:33.210

Theresa Van Winkle: And then, so what we'll do is to on our end, for the next step is, we'll send um some tentative dates to both you to both of you. Um before the tenth um on that, and then again, I will work as quickly as I can. Hopefully.

536

01:48:33.220 --> 01:48:45.069

Theresa Van Winkle: I have some stuff to this afternoon, but I will try and get an updated document to both of you by end of day Monday, and then from there we'll tinker with it, and then boil it down to a document that we can get circulated for Thursday.

537

01:48:47.540 --> 01:49:04.990

Sara Duckwall: Okay, that sounds great on behalf of our subcommittee. And hopefully speaking for Matt as well. We appreciate everyone's willingness to come to the table and the open mindedness and the inputs and the opinions set forth on this topic to come to a solution that is a normal to everyone.

538

01:49:05.000 --> 01:49:06.229

Sara Duckwall: Thank you very much.

**MLAC Subcommittee on Worker Continuation of Care  
10/14/2022 Meeting**

Verbatim transcript is automatically generated by ZoomGovernment and has not been edited for content or clarity.

539

01:49:06.760 --> 01:49:09.389

Matt Calzia, ONA: Thank you all very much. Thanks. Everybody.